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ABSTRACT

The study was designed to identify hearing impaired persons (3-21 years old) with emotional disturbances and to examine assessment and intervention approaches. Questionnaires and behavior checklists were completed by 116 public and private agencies serving school age hearing impaired students. Among findings were the following: Ss generally felt the federal definition of emotional disturbances was acceptable for identifying hearing impaired-emotionally disturbed persons; hearing impaired-emotionally disturbed persons most commonly exhibited problems in interpersonal relationships; Ss estimated the emotionally disturbed-hearing impaired population to range between 21-24% of the hearing impaired population; most agencies do not contract with other agencies to provide services (most frequently identified as testing, parent counseling, and opportunities for mainstreamed placement); and the most desired service additions included consultative mental health services for teachers, group homes and/or respite care, and a curriculum specifically designed for the emotionally disturbed-hearing impaired population. Recommendations called for increased training for mental health and education personnel and for collaboration among educational and mental health agencies. (CL)

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EMOTIONALLY DISTURBED HEARING-IMPAIRED STUDENTS IN CALIFORNIA: THEIR NEEDS, ASSESSMENT PROCEDURES, AND CURRENT PROGRAM EFFECTIVENESS

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Foreword

There were hundreds of individuals who contributed to the successful completion of this project. Two staff members, Ms. Holly Elliott and Ms. Martha Scott Hall, were major contributors in the development of the instruments, completion of site visits, and preparation of the original grant proposal. Dr. Vicki Casella, Ms. Priscilla Rhoades, Ms. Vicki Mullahey, and Mr. G. A. Collado provided invaluable technical, clerical, and research assistance.

Site visits to the special units at the California School for the Deaf, Riverside; Children's Service at Napa State Hospital; and University of California Center on Deafness in San Francisco were completed as a part of this study. Dr. William Evans, Mr. Richard Goeman, Ms. Mary Lobherr, Ms. Judy Potter, and Ms. Maryann Salem provided considerable assistance during the site visitations.

The dedication and efforts of each individual who responded to the questionnaires and checklists should also be acknowledged. It is professionals of this calibre who will influence the future directions of educational services available to hearing-impaired populations.

EXECUTIVE SUMMARY

Emotionally Disturbed Hearing-Impaired Students in California: Their Needs, Assessment Procedures, and Current Program Effectiveness

Introduction

In 1981, the California State Department of Education appointed a task force to examine the needs of emotionally disturbed hearing-impaired students. The task force, as a part of the fulfillment of its charge, presented a report to the Department citing a number of specific problems in providing appropriate services for this population. The report also stated the incidence of emotionally disturbed hearing-impaired children who are unserved or inadequately served by special education.

Following the report of the task force, the Office of Special Education of the Department of Education developed an action plan to address the issues in the report. The action plan included a recommendation to conduct a thorough examination of these issues in order to evaluate the existing needs of this low-incidence population and the appropriateness of the special services they are receiving in California.

This study was an attempt to seek information that would assist the Department in carrying out the action plan. The findings should be of assistance to the Department in making appropriate programmatic and policy decisions that will lead to improvement in the service delivery system to emotionally disturbed hearing-impaired students.

Purpose of the study

The objectives of the investigation were to identify: (1) the number of hearing-impaired students/clients (ages 3-21) who exhibit behaviors that are characteristic of emotional disturbance; (2) common behavior characteristics and definitions used to identify them; (3) procedures used in the assessment process; (4) diagnostic instruments utilized; and (5) available services and personnel. The findings could then be used to determine the appropriateness of current services available to hearing-impaired students with emotional problems.

Methodology

Two hundred and twenty-five public and private agencies providing services to school age (3-21) hearing-impaired individuals were contacted to obtain general information on emotionally disturbed individuals in their service area. One hundred and sixteen agencies responded. This included 82 administrators and 246 direct service personnel.

Two questionnaires and one behavior checklist, designed to allow for specificity according to the role of the respondent, were developed to obtain the information needed to achieve the objectives of the study. They were: (1) Survey Questionnaire for Administrators of Programs Serving Hearing-Impaired Individuals in California; (2) Survey Questionnaire for Personnel Serving Hearing-Impaired Individuals in California; and, (3) Behavior Characteristics Checklist.

Each program administrator was sent a packet of eight to twenty-nine Personnel Questionnaries and Behavior Characteristics Checklists, plus one Administrator Questionnaire and return envelopes.

The administrator was requested to complete and return the Administrator Questionnaire and to distribute the paired sets of the Personnel Questionnaires and Behavior Characteristics, along with return envelopes, to all personnel providing

direct services to hearing-impaired individuals with emotional problems.

Frequency and descriptive statistics were utilized to analyze the data. Frequency counts and percentages were reported for each discrete variable.

Results

Analysis of the numerical data collected resulted in the following findings:

1. The federal definition for emotionally-disturbed students provided in Public Law 94-142 was considered to be a generally acceptable definition for use in identifying emotionally disturbed hearing-impaired individuals.

2. The common behavior characteristics demonstrated by hearing-impaired students/clients with emotional problems were primarily those pertaining to problems in building and maintaining satisfactory interpersonal relationships, and inappropriate types of behavior or feelings under normal circumstances.

3. Estimates of the number of emotionally disturbed hearing-impaired individuals (age 3-21) were between 1116 (21% of the total hearing-impaired population) and 1819 (24% of the total hearing-impaired population) as reported by 116 agencies.

4. Most agencies provide the majority of services to hearing-impaired students with emotional problems within their programs, rather than through contracts with other agencies.

5. Psychological testing, parent counseling, self-contained total communication classrooms, and opportunities for mainstream education placement were commonly available services.

6. Consultative mental health services for teachers, group homes and/or respite care, and a curriculum designed for emotionally disturbed hearing-impaired students were among the most desired service additions.

7. The full range of appropriate professionals were available; however, they had limited experience and training in the skills needed to effectively accommmodate the needs of emotionally disturbed hearing-impaired students/clients.

8. The assessment procedures utilized consisted of the typical components required by Public Law 94-142.

9. The diagnostic instruments commonly used included the WISC Performance, Bender Gestalt, Draw-A-Person, Leiter, and WISC Verbal.

10. Primary communication methods/systems included the use of total communication by the staff person himself/herself, utilizing Signing Exact English or American Sign Language.

Recommendations

A number of program and policy changes that might improve service delivery to emotionally disturbed hearing-impaired students/clients were recommended. They were:

1. Significant increases in education and mental health personnel specifically trained to respond to their unique needs.

2. Development and/or expansion of services.

3. Collaborative involvement by educational and mental health agencies in the

provision of services.

4. Expanded placement options beyond the traditional ones, including group homes, respite care homes, day treatment centers, and residential facilities.

5. Development of curricula specifically designed to accommodate their educational needs.

6. Specialized training for personnel in the areas of vocational skills, curriculum content, instructional techniques, and mental health needs/services.

7. Greater representation of mental health professionals on the assessment team to improve appropriate diagnosis of the condition.

8. Completion of an evaluation of the appropriateness of currently utilized assessment instruments.

9. Reduced class size and/or caseloads to enable optimum service delivery.

A commitment to provide appropriate services to unserved and underserved populations is a national priority. Emotionally disturbed hearing-impaired students/clients are among this population. Resources, financial and otherwise, should be appropriated by the legislature to respond to this critical need.

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CHAPTER 1

INTRODUCTION

Background

In 1981, the California State Department of Education appointed a task force to examine the needs of emotionally disturbed hearing-impaired students. The task force, as a part of the fulfillment of its charge, presented a report to the Department citing a number of specific problems in providing appropriate services for this population. The report also stated the incidence of emotionally disturbed hearing-impaired children who are unserved or inadequately served by special education.

Following the report of the task force, the Office of Special Education of the Department of Education developed an action plan to address the issues in the report. The action plan included a recommendation to conduct a thorough examination of these issues in order to evaluate the existing needs of this low-incidence population and the appropriateness of the special services they are receiving in California.

This study was an attempt to seek information that would assist the Department in carrying out the action plan. The findings should be of assistance to the Department in making appropriate programmatic and policy decisions that will lead to improvement in the service delivery system to emotionally disturbed hearing-impaired students.

Review of the Literature

To ascertain the status of special education services to emotionally disturbed hearing-impaired students in California and other states, a review of existing literature was completed. The status of issues of specific relevance to this study pertained to: (1) the size and definition of the population, (2) current education placements and related services, and (3) assessment procedures.

Size and definition of the population. Estimates of the number of emotionally disturbed hearing-impaired children in the United States range from 8% (Jensema and Trybus, 1975) to 22.6% (Freeman, Malkin, and Hastings, 1975) of the total population of hearing-impaired children. The range of figures no doubt reflects the varying definitions given to this group. The professional community has been unable to agree on a definition of emotionally disturbed hearing-impaired children. As a result, the profession is far from being able to meet the needs of this population. Until this issue is resolved, it will remain extremely difficult to identify the population and provide adequate services.

A survey conducted by Scott (1980) attempted to identify the number of emotionally disturbed hearing-impaired children who received services through mental health agencies, state facilities, and local school districts in California. The mental health agencies reported evaluating 350 emotionally disturbed hearing-impaired children. Of those, they reported that 235 were being served by the local school districts. On the other hand, the local school districts reported serving only 80 emotionally disturbed hearing-impaired children. Where were the remaining 270 children?

The mental health agencies further reported that of the 350 children, 105 were being served in the two state schools for the deaf. The two schools for the deaf, however, reported serving only 11 children. Where were the remaining 94 children?

A clear and useful definition of what constitutes an emotionally disturbed hearing-impaired child, based upon demonstrated behaviors, may offer an opportunity to obtain a more accurate count of this population and the proportion of hearing-impaired students that fall under this classification. A collection of current definitions and criteria for the identification and selection of these students might provide a means for coming to agreement on a generally accepted definition.

Current education placements and related services. According to the report of the Task Force on the Needs of Emotionally Disturbed Hearing-Impaired Students (1981):

> Services that require collaborative educational and psychiatric care that might be provided in a school setting or a treatment facility are virtually nonexistent. Treatment for the most severely involved youngsters is provided, at best, only on a very limited scale under the administration of mental health professionals, professionals who have skills in both education and mental health disciplines, or those who have demonstrated collaborative skills (p. 5).

Some local education agencies and state schools do have provisions to meet the needs of multihandicapped hearing-impaired students; however, the broad spectrum of mental health consultation and services needed for emotionally disturbed hearing-impaired students are not available (Task Force Report, 1981). Because so few psychiatrically oriented facilities are available, most schools have accepted students whose problems require efforts beyond the skills and training of school personnel.

Current placements have included local school district programs, state schools for the deaf, and residential treatment centers. The use of respite homes, day treatment centers, and group homes are other placement alternatives that should be explored more thoroughly.

Regardless of setting, emotionally disturbed hearing-impaired students should have access to the same instructional and support services provided other special education pupils. Depending on the severity of the problem and the educational and mental health needs of the individual, a variety of psychological and psychiatric services must be provided (Task Force Report, 1981).

Assessment procedures. Once emotional disturbance is suspected in hearing-impaired children, they must be

thoroughly assessed to determine the nature and severity of the disturbance, if any. The number of professionals with the necessary training for the unique needs of hearing-impaired children, including specially trained teachers and health professionals available to work with emotionally disturbed hearing-impaired children, is extremely small. The limited supply of appropriately trained professionals affects the provisions of services, as well as the assessment of the children (Task Force Report, 1981). Furthermore, the instruments and procedures used for assessment should be able to yield reliable and valid data regarding the degree of emotional disturbance.

A systematic attempt to ascertain how these children are assessed, who performs the assessment, and the criteria for classifying them should be extremely helpful in future efforts to identify and place emotionally disturbed hearing-impaired children in appropriate programs.

Purpose of the Study

The purpose of this study was to conduct a statewide survey to ascertain the needs of emotionally disturbed hearing-impaired students in California, the assessment procedures utilized, and the effectiveness of current programs serving these students. Specific data were collected to determine:

1. The size of the population of emotionally disturbed hearing-impaired students in California and the proportion of hearing-impaired students that fall under this classification.

2. The common elements and differences in the various definitions/criteria used for the identification and classification of emotionally disturbed hearing-impaired students.

3. Services available, where these services are being provided, and their effectiveness.

4. Instruments used for assessment purposes and the appropriateness of the assessment procedures.

5. The extent to which these students receive appropriate special education and related services.

The analysis and discussion of the implications of the findings should directly contribute to the decision-making process for the modification of programs and formulation of policy changes by: a) providing clarification of the definition to be utilized, b) offering suggestions as to criteria for identification, and c) presenting an analysis of educational/treatment programs in several settings with implications for future program change.

CHAPTER II

METHODS OF THE STUDY

This study was designed to gather information on some of the major educational issues concerning emotionally disturbed hearing-impaired students in California. To achieve this objective, a statewide survey of programs serving hearing-impaired students was conducted. The objectives of the survey were to identify: 1) the size of the population; 2) definitions/criteria employed to classify students; 3) available services and personnel; 4) diagnostic instruments; and 5) procedures used in the assessment process.

Sample

In order to better explore the objectives, all known public and private agencies providing services to school age (3-21) hearing-impaired children in California were included in this study. There were four major categorical groupings that were surveyed. These categories were: 1) public local school districts; 2) private schools/clinics with a hearing-impaired population; 3) state education agencies, such as the two residential schools for the deaf; and 4) mental health agencies, including state hospitals, that provide treatment to the hearing-impaired clients in the 3-21 age range.

A mailing list of agencies was prepared by obtaining directories of state and local educational and mental health programs, and conducting telephone inquiries when current or more specific information was desired. Each program administrator was identified since all survey materials were to be mailed to this individual, who would then distribute the various instruments to the appropriate personnel.

The directories used included the List of Local Planning Agencies for Special Education (1982-1983), Statewide Directory of Services to Deaf Persons (1980), Directory of County Mental Health Programs (latest edition), California Association of the Deaf Directory of Services (1980), and the April 1982 issue of the American Annals of the Deaf.

The final mailing list consisted of 225 agencies. This included 131 school district, county, and private school programs (including 2 residential schools for the deaf); 69 community mental health agencies; 9 counseling centers; 12 state hospitals; and 4 state agencies.

Instrumentation

Two questionnaires and one checklist were developed to allow for specificity according to the role of the respondent, as well as to adequately achieve the objectives of the study. Two separate versions of the questionnaires were developed for use by the program administrator and the personnel providing direct services to students/clients. The personnel also completed a checklist of behavior characteristics commonly demonstrated by a "typical" student/client. The program administrator could more accurately provide overall program and personnel data. The personnel could more easily provide specific data on behavior charactersitics, as well as their own background and experience with emotionally disturbed and/or hearing-impaired populations.

The questionnaires and checklist, which included operational definitions for hearing-impaired individuals and emotional problems/emotional disturbance and three degrees of severity for use in identifying behavior characteristics, were:

1. Survey Questionnaire for Administrators of Programs Serving Hearing-Impaired Individuals in California (see Appendix A). This questionnaire consists of eight categorical items designed to obtain data on definitions and/or criteria used to identify emotionally disturbed hearing-impaired students/clients; number served; primary service personnel; types of services; diagnostic process; assessment instruments; and primary communication methods/systems used.

2. Survey Questionnaire for Personnel Serving Hearing-Impaired Individuals in California (see Appendix B). This questionnaire consists of nine categorical items designed to obtain data on their current position or title; degrees and areas of specialization; credentials/certificates/licenses held; years of professional experience with disabled students/clients; preservice and/or inservice training; number of hearing-impaired individuals served; numbers of emotionally disturbed hearing-impaired individuals served; services they provided; and degree of their involvement.

3. Behavior Characteristics Checklist (see Appendix C). This checklist consists of nine behavioral categories and a continuum for describing the overall severity of a representative student's/ client's behavior, as well as space for adding other behaviors. The behavioral categories are distortions in social relationships; distortions in learning behaviors; distortions of self image; distortions in mood; problems in impulse control; conduct disorders; habits and rituals; distortions in body image; and sexual behavior.

All of the instruments were developed by the project staff. After careful review of existing literature and several revisions of the preliminary draft, a draft version was prepared for pilot study and concurrent review by the State Department of Education.

For the pilot study, sets of the two questionnaires and one checklist were sent to 19 administrators of the types of agencies to be included in the sample population. 10 of the administrators responded.

Each administrator was asked to complete the questionnaires and checklist and comment on the: 1) clarity of the items; 2) adequacy of directions; and, 3) appropriateness of the content. Their recommendations for revisions/deletions, along with those submitted by the Department, were then incorporated and a final draft prepared. Following the Department's approval, the questionnaires and checklists were printed.

Data Collection

The program administrators of the 225 agencies included on the mailing list were sent packets of survey materials. The packet included sets of eight to tweny-nine Personnel Questionnaires and Behavior Characteristics Checklists, plus one Administrator Questionnaire. The number of sets for the personnel was determined by reported or anticipated program size. Of the 225 agencies sent questionnaires and checklists, responses were received from 116 (51.6%). A summary of the questionnaires returned by type of agency is provided in Table 2.1

Of the 116 agencies responding, 82 were administrators of programs and 246 were personnel who provided direct services to the student(s)/client(s). The discrepancy between the number of administrators of programs responding (82) and the number of agencies that returned questionnaires (116) occurred because of instances in which personnel from a given agency returned questionnaires and their adminstrators did not. There were 34 instances wherein reports were received from the personnel, but not the administrator of the program.

TABLE 2.1

Questionnaires Returned By Type of Agency

Type of Agency	Number of Agencies Sent Questionnaires	Number of Agencies That Returned Questionnaires	Response Level
School District	131	73	55.7%
Counseling Center	9	4	44.4%
Community Mental Health Agency	69	30	43.5%
State Agency	4	3	75.0%
State Hospital	12	6	50.0%
	225	116	51.6%

Table 2.2 provides a summary of the types of services provided by the administrators and personnel who responded. Although responses were received from 82 administrators, 62 reported that they were currently serving emotionally disturbed hearing-impaired students/clients. Eleven (11) indicated that they were not currently serving any emotionally disturbed hearing-impaired students/clients. Nine(9) reported not currently serving any emotionally disturbed hearing-impaired students/clients and no available services.

Of the 246 personnel who responded, 223 reported that they were currently serving emotionally disturbed students/clients. Twelve(12) were not currently serving emotionally disturbed students/clients but had some previous experience with that population. Eleven (11) were not currently serving emotionally disturbed hearing-impaired students/clients and had no previous experience with that population.

Only the data directly relevant to the objectives of this study were analyzed. Therefore, the findings reported from this study were based upon the information obtained from the administrators (62) and personnel (223) who indicated that they were currently providing services to emotionally disturbed hearing-imparied students/clients.

A cover letter from the Director of the Office of Special Education was also enclosed. Attached to each individual set of personnel and administrator questionnaires was a self-addressed, stamped return envelope. The administrator was to complete and return the Administrator Questionnaire and to distribute the paper-clipped sets of Personnel Questionnaires and Behavior Characteristics Checklist, along with the return envelope, to all personnel providing direct services to hearing-impaired individuals with emotional problems. Additional sets of materials were offered, if needed. Since each personnel set included a separate return envelope, the questionnaires and checklists could be returned individually.

TABLE 2.2

SERVICE AVAILABILITY BY TYPE OF RESPONDENTS

Type of Respondent	Available and Currently Provided	Available but Currently Not Provided	None Available	Total
Program Administrator	62	11	9	82
Personnel Serving Student/ Client	223	12	12	246

Due to unanticipated delays in the mailing of the packets of materials, the initial return deadline was extended to May 31. A brief memorandum announcing the extension was enclosed in each packet. The agencies that had not responded by June 3 were sent a postcard reminder with a second extension deadline of June 13. Those agenices that had not responded by June 13 were contacted by telephone and given a final return deadline of July 5. Upon the receipt of each questionnaire, the responses were individually coded for computer data entry and analysis. Each responding agency was also sent a postcard acknowledgement of the response and statement of appreciation.

During the data collection period, three exemplary programs were identified for personal visitation. Site vists to the special unit at the California School for the Deaf, Riverside; Children's Services at Napa State Hospital; and University of California Center on Deafness were completed. The purpose of these visits was to develop full and complete model descriptions that might be useful to other agenices. The reports of these visitations are included in Appendix D.

Data Analysis

Computer programs from Nie et al (1975) Statistical Package for the Social Sciences (SPSS) were utilized to analyze the data. SPSS programs were written for each instrument to analyze the data to be gathered with that particular form. Crosstabulations, frequencies, percentages, and descriptive statistics were computed for selected data to seek answers to the questions in the study.

CHAPTER III

FINDINGS

Administrators' Questionnaire

Response summary. The questionnaires of 62 administrators of programs serving hearing-impaired individuals were analyzed. A summary of the frequency and percent of respondents by type of program setting is provided in Table 3.1.

Definition of emotionally disturbed hearing-impaired students/clients. When asked to provide the definition and/or criteria used to identify emotionally disturbed hearing-impaired students/clients, an overwhelming majority of respondents (87.1%) reported using the definition provided for the study or one very similar to it. With the exception of the provision of two specific definitions, the remainder of respondents indicated that no formal definition was used or available, or they used the state eligibility criteria. A summary of the frequency and percent of respondents for various types of responses is available in Table 3.2.

Two respondents (3.2%) offered specific definitions or criteria. One indicated that as a mental health service, the educational focus was not included in the definition. Emotional disturbance was defined as an:

> Emotional disorder or behavior disorder, or physical complaints with the base of the problem being a thought disorder problem or an affective problem.

TABLE 3.1

Type of Program Settings of Respondents

(N=62)

SETTING	NUMBER	PERCENT
School District/Program	40	64.5
Counseling Center	3	4.8
Community Mental Health	18	29.0
State Agency	1	1.6
TYPE		
Public	56	90.3
Private	6	9.7

TABLE 3.2

Definition of Emotionally Disturbed Hearing-Impaired Students/Clients

(N=62)

Response	Number	Percent
Defintion not different from the one listed..	41	66.1
Commented that the defintion provided was acceptable; similar to theirs; same as theirs; almost or about the same; or that they agreed with the defintion given.	13	21.0
Indicated that no formal defintion was used; they didn't have one; or no defintion was available from the county office.	4	6.5
Indicated that they use the state eligibility criteria.	2	3.2
Provided specific definitions/criteria.	2	3.2

The other stated that:

> Our definitions do not vary from those you provide, however, our local criteria for severe emotional disturbance require involvement of the local school site staff, including the school psychologist as well as a "second opinion" from psychologists employed by the county mental health agency. We interpret severe emotional disturbance very narrowly. We exclude from "S.E.D." children viewed as "conduct disordered" and require evidence of intrapsychic disturbance (thought disorder, hallucinations, etc). Because of our approach, we have few children classified as "S.E.D."

Number of students/clients served. The responding agencies reported a total of 5361 hearing-impaired students/clients, ages 3-21 years. Of these 5361, they reported 1116 to exhibit behaviors characteristic of emotional problems. The proportion of the total population reported as having emotional problems was therefore 21%. Those having no identifiable emotional problems constituted the remaining 79%.

Table 3.3 presents the number and percent of students/clients by ages and types of agency. The proportion of the total population identified as exhibiting emotional problems is illustrated in Table 3.4.

Within program and/or agency contract services. Table 3.5 presents the percent of students served with emotional problems within programs and/or through contracts with agencies by type of agency. In most cases, the majority of services for students/clients with emotional problems are provided within the program.

Type and involvement of personnel. Table 3.6 supplies the number and overall percent of personnel providing consultative or direct services to students/clients with emotional problems. The types

TABLE 3.3

Number and Percent of Students/Clients
By Type of Program Setting

Ages	N (Administrators)	School District	Counseling Center	Community Mental Health Agency	State Agency	Total
Overall Number Hearing-Impaired Served						
3-5 years	59	689(12.85)	68(1.27)	187(3.49)	0	944(17.61)
6-11 years	60	1167(21.77)	15(.28)	309(5.76)	0	1491(27.81)
12-17 years	61	1980(36.93)	20(.37)	355(6.62)	7(.13)	2362(44.05)
18-21 years	60	364(6.79)	13(.24)	178(3.32)	9(.16)	564(10.51)
	Total	4225(78.34)	116(2.16)	1029(19.19)	16(.29)	5361(100.00)
Number Exhibiting Emotional Problems						
3-5 years	60	43(3.85)	2(.19)	107(9.59)	0	152(13.62)
6-11 years	61	119(10.66)	7(.63)	174(15.59)	0	300(26.88)
12-17 years	62	264(23.66)	8(.72)	212(19.00)	7(.63)	491(44.00)
18-21 years	61	57(5.11)	5(.45)	102(9.14)	9(.81)	173(15.50)
	Total	483(43.28)	22(1.99)	595(53.32)	16(1.44)	1116(100.00)

TABLE 3.4

Percentage of Hearing-Impaired Students/Clients with Emotional Problems*

(N = 62)

Ages	Number	Percent
3 - 5	152	2.8
6 - 11	300	5.6
12 - 17	491	9.2
18 - 21	173	3.2
Total	1116	20.8

* Total number of hearing-impaired = 5361.

TABLE 3.5

PERCENT OF STUDENTS SERVED WITHIN PROGRAM AND/OR AGENCY CONTRACT SERVICES

(N=40)

Type of Agency	N	Mean Percent of Students Served Within Program	Through other contacts	Not reported N
School District	24	84.75	15.25	16
Counseling Center	2	100.00	4.4	1
Community Mental Health	13	64.08	36.92	5
State Agency	1	100.00	0	0

TABLE 3.6

Type and Involvement of Personnel*

Personnel	Number Providing Consultation/Direct Services By Setting: School District N=40	Counseling Center N=3	Community Mental Health Agency N=18	State Agency N=1	Row Total N=62	Percent of Sites
Special education teachers	5/34		1/0	/1	6/35	9.7/56.5
Regular class teachers	3/14			/1	3/15	4.8/24.2
Speech therapists	6/30			/1	6/31	9.7/5 .0
Audiologists	9/17	1/0	1/1	1/1	12/18	19.4/29.0
Psychologists	19/18		10/8	1/1	30/27	48.4/43.5
Counselors(pupil personnel)	6/9		4/2		10/11	16.1/17.7
Counselors (marriage, family child)	2/	1/1	5/6		8/7	12.9/11.3
Psychiatrists	3/1		4/8	1/0	8/9	12.9/14.5
Social Workers	3/3	1/1	8/8	1/0	13/12	21.0/19.4
Occupational therapists	1/3		2/2		3/5	4.8/8.1
Physical therapists	1/3				1/3	1.6/4.8
Interpreters	2/16	1/1	1/3		4/20	6.5/30.3
Other	2/4		/1	/0	/5	4.8/8.1

Note for interpretation of content : The number on the left is for consultation services. The number on the right is for direct services. For example, 5/34 means 5 school districts have special education teachers who provide consultation and 34 school districts have special education teachers.

*Multiple responses possible.

and involvement of personnel for the various settings are those typically found in such agencies. Every type of personnel can be found in school programs, in both a consultative and direct service role.

Special education teachers (56.7%), and psychologists (43.5%) were the groups more frequently available. The special education teachers and speech therapists provided basically direct services. The psychologists provided primarily consultative services.

Types of services currently available. Frequencies and percentage of sites for the types of services currently available for hearing-impaired students/clients with emotional problems are presented in Table 3.7. The ten most available services are provided in Table 3.8. Psychological testing is readily available (82.5%). Provision of parent counseling (56.1%) and placement in self-contained total communication classroom (54.4%), as well as some mainstream education placement (54.4%) were among the top four available services.

Types of desirable service additions. Table 3.9 presents the frequencies and percentage of sites by setting for the types of desirable service additions for hearing-impaired students/clients with emotional problems. The ten most desired service additions are shown in Table 3.10. Consultative mental health services for teachers (50%) was the most desired addition. Group homes and/or respite care (45.8%) and a curriculum designed for emotionally disturbed hearing-impaired students (45.8%) were also highly desirable.

Diagnostic process. Frequencies and percent of sites for the typical diagnostic procedures utilized in determining whether hearing-impaired students/clients have emotional problems are provided in Tables 3.11 - 3.17.

The person(s) who request the diagnostic evaluation can be found in Table 3.11. Those more frequently requesting the evaluations are the teacher (94.8%) and

TABLE 3.9

TYPES OF SERVICES CURRENTLY AVAILABLE*

Services	Frequency of Selection By Setting: School District N=37	Counseling Center N=2	Community Mental Health Agency N=17	State Agency N=1	Row Total N=57	Percent of Sites
Part-time oral classroom for hearing-impaired/resource teacher	16				16	28.1
Part-time total communication classroom/resource teacher	22				22	38.6
Self-contained oral classroom	13		1		14	24.6
Self-contained total communication classroom	30			1	31	54.4
Self-contained class for emotionally disturbed students	10			1	11	19.3
Self-contained class for emotionally disturbed hearing-impaired	3		2	1	6	10.5
Mainstreaming with hearing students	29		1	1	31	54.4
Curriculum designed for emotionally disturbed hearing-impaired	6		1		76	12.3
Access to other educational professionals	24		2	1	27	47.4
Vocational training	21	1	2		24	42.1
Dance therapy	2		1		3	5.3

*Multiple responses possible.

(continued)

TABLE 3.7 (continued)

Frequency of Selection by Setting

Services	School District N=37	Counseling Center N=2	Community Mental Health Agency N=17	State Agency N=1	Row Total N=57	Percent of Sites
Art therapy	4		1	1	6	10.5
Recreation therapy	2		1	1	4	7.0
Occupational therapy	13		2		15	26.3
Consultative mental health services	9		11	1	21	36.8
Behavior management therapy	15	1	9	1	26	45.6
Crisis intervention	13	1	13	1	28	49.1
Psychiatric evaluation	8		14	1	23	40.4
Psychological testing	30		16	1	47	82.5
Play therapy	6		11	1	18	31.6
Individual psychotherapy	4	1	14	1	20	35.1
Parent counseling	15	1	15	1	32	56.1
Group counseling	11	1	12	1	25	43.9
Conjoint family therapy	6	1	14	1	22	38.6
Residential treatment (including school)	7		5	1	13	22.8
Group homes/respite care	9		1		10	17.5
Other				1	1	1.8

TABLE 3.8

Ten Most Available Services*

(N=57)

Rank Order	Service	Frequency of Selection	Percent
1	Psychological testing	47	82.5
2	Parent counseling	32	56.1
3	Self-contained total communication classroom	31	54.4
3	Mainstreaming with hearing students	31	54.4
4	Crisis intervention	28	49.1
5	Access to other educational professionals	27	47.4
6	Behavior management	26	45.6
7	Group counseling	25	43.9
8	Vocational training	24	42.1
9	Psychiatric evaluation	23	40.4

*Multiple responses possible.

TABLE 3.9

TYPES OF DESIRABLE SERVICE ADDITIONS*

Services	Frequency of Selection By Setting: School District N=35	Counseling Center N=3	Community Mental Health Agency N=9	State Agency N=1	Row Total N=48	Percent of Sites
Part-time oral classroom for hearing-impaired/resource teacher	2	1			3	6.3
Part-time total communication classrooms/resource teacher	3		1		4	8.3
Self-contained oral classrooms		1	1		2	4.2
Self-contained total communication classrooms	2				2	4.2
Self-contained class for emotionally disturbed students	8	1			9	18.8
Self-contained class for emotionally disturbed hearing-impaired	13	1	2		16	33.3
Mainstreaming with hearing students	3				3	6.3
Curriculum designed for emotionally disturbed hearing-impaired	19	2	1		22	45.8
Access to other educational professionals	7	1	4		12	25.0
Vocational training	7		1	1	9	18.8
Dance therapy	8	1	4	1	14	29.2

*Multiple responses possible.

(continued)

TABLE 3.9 (continued)*

Services	Frequency of Selection By Setting: School District N=35	Counseling Center N=3	Community Mental Health Agency N=9	State Agency N=1	Row Total N=48	Percent of Sites
Art therapy	11	2	3		16	33.3
Recreation therapy	8		4		12	25.0
Occupational therapy	6	1	2	1	10	20.8
Consultative mental health services	19	3	2		24	50.0
Behavior management therapy	10	1	1		12	25.0
Crisis intervention	11	1	1		13	27.1
Psychiatric evaluation	12	2	1		15	31.3
Psychological testing	5	1			6	12.5
Play therapy	13	2	2		17	35.4
Individual psychotherapy	12	1	1		14	29.2
Parent counseling	16	2	1		19	39.6
Group counseling	14	2	1		17	35.4
Conjoint family therapy	14	2	1		17	35.4
Residential treatment (including school)	9	1	5		15	31.3
Group homes/respite care	12	2	0		22	45.8
Other	2		1	1	4	8.3

*Multiple responses possible

TABLE 3.10

Ten*Most Desired Service Additions**

(N=48)

Rank Order	Services	Frequency of Selection	Percent
1	Consultative mental health services (for teachers)	24	50.0
2	Group homes - respite care	22	45.8
2	Curriculum for emotionally disturbed hearing-impaired	22	45.8
3	Parent counseling	19	39.6
4	Play therapy	17	35.4
4	Group counseling	17	35.4
4	Conjoint family therapy	17	35.4
5	Self-contained classrooms for emotionally disturbed hearing-impaired students	16	33.3
5	Art therapy	16	33.3
6	Psychiatric evaluation	15	31.3
6	Residential treatment	15	31.3

*11 shown due to identical rank order of last two services.
**Multiple responses possible.

TABLE 3.11

Person(s) Who Request Diagnostic Evaluation*

	Frequency of Selection By Setting					
	School District N=38	Counseling Center N=2	Community Mental Health Agency N=17	State Agency N=1	Row Total N=58	Percent of Sites
Diagnostic evaluation may be requested by:						
Parent or family members	35	2	16		53	91.4
Audiologist	20	2	9		31	53.4
Teacher	38	2	15		55	94.8
Psychiatrist	13	1	10		24	41.4
Psychologist	35	1	14		50	86.2
Physician	17	2	12		31	53.4
Speech therapist	27	1	13		41	70.7
Neurologist	14	1	9		24	41.4
Administrator	35	1	12		48	82.8
Probation officer	13	2	11		26	44.8
Counselor	26	1	16		43	74.1
Social Worker	14	1	12		27	46.6
Nurse	29	1	12		42	72.4
Other	6		4	1	11	19.0

*Multiple responses possible.

the parent or family members (91.4%), closely followed by the psychologist (86.2%).

The person(s) who see the students/clients are provided in Table 3.12. The psychologist is the primary person who sees the students/clients during the diagnostic process (86%).

The location(s) where student/client is seen are presented in Table 3.13. The majority of the students/clients are seen alone (70.2%) and in the school settings (80.7%).

The person(s) who see the parent(s) or guardian(s) are shown in Table 3.14. In 79.2% of the sites, the psychologist was the primary person reported to see the parent(s) or guardian(s). The psychiatrist was the least likely person that they would see (18.9%).

Table 3.15 provides the person(s) who administer and interpret psychological tests. 94.6% of the sites reported that the psychologist administers and interprets psychological tests.

The types of reports/information collected and/or reviewed are presented in Table 3.16. A majority of the sites reported the use of psychological (96.6%), educational (87.95%) and medical (86.2%) information, along with audiological reports (75.9%).

Persons involved in final determination of eligibility and placement decisions are provided in Table 3.17. The persons more frequently involved are the parent or family member (70.4%), psychologist (64.8%), teacher (55.6%), administrator (52.9%), and speech therapist (42.6%).

Assessment instruments. Table 3.18 presents a summary of the frequency and percent of sites using various assessment instruments for the psychological evaluation of hearing-impaired students/clients with

TABLE 3.12

Person(s) Who See Student/Client*

	Frequency of Selection By Setting					
	School District N=37	Counseling Center N=2	Community Mental Health Agency N=17	State Agency N=1	Row Total N=57	Percent Sites
Student/client is seen by:						
Psychologist	37		11	1	49	86.0
Psychiatrist	5		9	1	15	26.3
Clinical Social Worker	5	1	12	1	19	33.3
Counselor	14	1	9		24	24.6
Other						

*Multiple responses possible.

TABLE 3.13

Location(s) Where Student/Client Is Seen

	Frequency of Selection By Setting					
	School District N=37	Counseling Center N=2	Community Mental Health Agency N=17	State Agency N=1	Row Total N=57	Percent of Sites
Student/client is seen :						
In therapist's office	17	1	14	1	33	57.9
In playroom	6		5	1	12	21.1
With parent/guardian	21	1	14	1	37	64.9
Alone	25	1	13	1	40	70.2
In school setting	36		9	1	46	80.7
In hospital setting	5		4	1	10	17.5
At home	16		2		18	31.6
Other	2	1	1		4	7.0

*Multiple responses possible.

TABLE 3.14

Person(s) Who See Parent(s) or Guardian(s)*

Parent(s) or guardian(s) are seen by:	Frequency of Selection By Setting					
	School District N=33	Counseling Center N=2	Community Mental Health Agency N=17	State Agency N=1	Row Total	Percent of Sites
Psychologist	31		10	1	42	79.2
Psychiatrist	3		6	1	10	18.9
Clinical Social Worker	5	1	13	1	20	37.7
Counselor	12	1	9		22	41.5
Other	9		4		13	24.5

*Multiple responses possible.

TABLE 3.15

Person(s) Who Administer and Interpret Psychological Tests*

	Frequency of Selection By Setting					
	School District N=38	Counseling Center N=0	Community Mental Health Agency N=17	State Agency N=1	Row Total N=56	Percent of Sites
Psychological tests are administered and interpreted by:						
Psychologist	38		14	1	53	94.6
Psychiatrist	3		3		6	10.7
Clinical Social Worker	1		2		3	5.4
Counselor	3		2		5	8.9
Other	3		1		4	7.1

*Multiple responses possible.

TABLE 3.16

Types of Reports/Information Collected and/or Reviewed

	Frequency of Selection By Setting					
	School District N=38	Counseling Center N=2	Community Mental Health Agency N=17	State Agency N=1	Row Total N=57	Percent of Sites
Types of reports/ information collected and/or reviewed are:						
Educational	38	1	11	1	51	87.9
Medical	37	2	10	1	50	86.2
Psychological	38	1	16	1	56	96.6
Probation	18	2	7	1	28	48.3
Audiological	36	1	6	1	44	75.9
Other	11		3		14	24.1

*Multiple responses possible.

TABLE 3.17

Person(s) Involved in Final Eligibility and Placement Decisions*

	Frequency of Selection By Setting					
Final identification and placement decisions are made by:	School District N=37	Counseling Center N=2	Community Mental Health Agency N=14	State Agency N=1	Row Total N=54	Percent of Sites
Parent or family member	28	1	8	1	38	70.4
Audiologist	15	1			16	29.6
Teacher	29		1		30	55.6
Psychiatrist	3		8		11	20.4
Psychologist	28		7		35	64.8
Physician	2		2		4	7.4
Speech therapist	23				23	42.6
Neurologist	1		2		3	5.6
Administrator	28				28	51.9
Probation Officer	1		2		3	5.6
Counselor	11	1	4		16	29.6
Social Worker	4	1	8		13	24.1
Nurse	18				18	33.3
Other	13		2	1	16	29.6

*Multiple responses possible.

TABLE 3.18

Assessment Instruments Used*

Instrument	Frequency By Setting: School District (N=36)	Community Mental Health Agency (N=14)	Row Total (N=50)	Percent of Sites
WISC Verbal	22	11	33	66.0
WISC Performance	34	13	47	94.0
Leiter	32	5	37	74.0
Bender Gestalt	33	11	44	88.0
Human Figure Drawing	21	11	32	64.0
Draw-A-Person	30	11	41	82.0
Goodenough	16	7	23	46.0
Harris Drawing Test	6	1	7	14.0
Hiskey Nebraska	18	4	22	44.0
Columbia Mental Maturity Scale	14	4	18	36.0
Illinois Test of Psycholinguistic Abilities	19	0	19	38.0
Beery Test of Visual Motor Integration	20	2	22	44.0
Thematic Apperception Test	11	11	22	44.0
House-Tree-Person Test	14	11	25	50.0
Rorschach Test	8	8	16	32.0
Ravens Progressive Matrices	13	0	18	36.0
Meadow-Kendall Social-Emotional Assessment	7	2	9	18.0
Other	10	7	17	34.0

*Multiple responses possible.

Note: There were no responses for these items for counseling centers and state agencies.

emotional problems. Other instruments reported (34%) that are not listed include the Minnesota Multiphasic Personality Inventory, Stanford-Binet, Kaufman ABC, Adaptive Behavior Scale, Walker Behavior List, and Alpern-Boll Developmental Profile.

The five most frequently used assessment instruments are shown in Table 3.19. They include the WISC Performance, Bender Gestalt, Draw-A-Person, Leiter, and WISC Verbal. The five least frequently used instruments are provided in Table 3.20.

Primary communication methods/systems. The frequencies and percent of sites for the primary communication methods/systems used by staff with hearing-impaired students/clients who have emotional problems are presented in Table 3.21. Total communication was the major mode of communication reported (86.5%). Signing Exact English (67.4%) and American Sign Language (65.2%) were close contenders for the major sign language system utilized. Communication by the staff person himself/herself (87.3%) was reported as the major communicator.

TABLE 3.19

Five Most Frequently Used Assessment Instruments*

(N=50)

Rank Order	Instrument	Frequency of Selection	Percent
1	WISC Performance	47	94.0
2	Bender Gestalt	44	88.0
3	Draw-A-Person	41	82.0
4	Leiter	37	74.0
5	WISC Verbal	33	66.0

*Multiple responses possible.

TABLE 3.20

Five Least Frequently Used Assessment Instruments*

(N=50)

Rank Order	Instrument	Frequency of Selection	Percent
1	Harris Drawing Test	7	14.0
2	Meadow-Kendall Social-Emotional Assessment Drawing	9	18.0
3	Rorschach Test	16	36.0
4	Columbia Mental Maturity Scale	18	36.0
4	Ravens Progressive Matrices	18	36.0

*Multiple responses possible.

TABLE 3.21

Primary Communication Methods*

Mode	Frequency of Selection for Systems By Setting: School District N=34	Counseling Center N=2	Community Mental Health Agency N=15	State Agency N=1	Row Total N=52	Percent of Sites
Oral/Auditory oral	16	2	9	1	28	53.8
Total communication	33	1	10	1	45	86.5
Cued speech	5	1			6	11.5
Writing	11	2	9		22	42.3
C	0	0	0	0	0	0.0
Sign Language System						
American Sign Language	18	2	9	1	30	65.2
Signed English/ Pigeon Signed English	15	2	6	1	24	52.2
Signing Exact English	25		5	1	31	67.4
Fingerspelling	21	1	6		28	60.9
Other	2		3		5	10.9
Communicator						
Staff person communicates for himself/herself	33	2	12	1	48	87.3
Certified staff interpreter(s)	14	1	2		17	30.9
Volunteer interpreters	4		4		8	14.5
Family member interprets	6		4	1	11	20.0
Other	8		2	1	11	20.0

*Multiple responses possible.

Personnel Questionnaire

Response summary. The questionnaires of 223 personnel serving hearing-impaired students/clients were analyzed. A summary of the respondents by type of program is provided in Table 3.22.

Current position or title. Table 3.23 presents frequencies and percent of respondents for the current positions and titles reported by setting. The largest single group of respondents were self-contained special education teachers (44.8%). The next group, psychologists, were represented at a significantly lesser level (14.3%). The least represented group were occupational therapists (.4%), closely followed by marriage and family counselors (1.3%) and psychiatrists (1.3%).

Personnel from all listed positions, except occupational therapists, were represented in school district/programs. All position categories, except for most teaching and speech therapists positions, were represented in community mental health agencies.

The types of personnel reported for the various settings were those typically found in that particular type of agency.

Highest degree earned. A summary of the frequency and percent or the highest degree earned by personnel is shown in Table 3.24. The largest group possessed master's degrees (64.6%). Only one person (.4%) as expected, possessed a degree below the baccalaureate degree. 87.7% of the personnel possessed a bachelor's or master's degree.

Years of professional experience with disabled students/clients. Table 3.25 presents frequencies and percent of personnel's years of experience with hearing-impaired, not emotionally disturbed; emotionally disturbed, not hearing-impaired; and emotionally disturbed and hearing-impaired. The

TABLE 3.22

Type of Program Settings of Respondents

(N=223)

SETTING	FREQUENCY	PERCENT
School District	162	72.6
Counseling Center	10	4.5
Community Mental Health	36	16.1
State Agency	5	2.2
State Hospital	10	4.5
TYPE		
Public	209	93.7
Private	14	6.3

TABLE 3.23

Current Position or Title

(N = 223)

Position or Title	Frequency (Percent of Personnel)					
	School District	Community Center	Community Mental Health	State Agency	State Hospital	Total
Self-contained Special Education Teacher	94(42.2)		5(2.2)	1(.4)		100(44.8)
Itinerant Teacher	6(2.7)					6(2.7)
Resource Teacher Specialist	4(1.8)	1(.4)		1(.4)	1(.4)	7(3.1)
Regular Classroom Teacher	5(2.2)		1(.4)			6(2.7)
Speech Therapist	8(3.6)				1(.4)	9(4.0)
Psychologist	17(7.6)		14(6.3)		1(.4)	32(14.3)
Counselor (pupil personnel)	4(1.8)	2(.9)	2(.9)			8(3.6)
Counselor (MFCC)	1(.4)	1(.4)	1(.4)			3(1.3)
Psychiatrist	1(.4)		1(.4)		1(.4)	3(1.3)
Social Worker	2(.9)	1(.4)	5(2.2)		3(1.3)	11(4.9)
Occupational Therapist			1(.4)			1(.4)
Other	20(9.0)	5(2.2)	6(2.7)	3(1.3)	3(1.3)	37(16.6)
	162(72.6)	10(4.5)	36(16.1)	5(2.2)	10(4.5)	223(100.0)

TABLE 3.24

Highest Degree Earned By Personnel

(N=223)

HIGHEST DEGREE EARNED	NUMBER	PERCENT
Associate	1	.4
Bachelor's	47	21.1
Master's	144	64.6
Doctorate	21	9.4
Other	3	1.3
Missing	7	3.1

TABLE 3.25

Years of Professional Experience with Disabled Students/Clients*

(N=223)

Years of Experience	Hearing Impaired Not Emotionally Disturbed	Emotionally Disturbed Not Hearing Impaired	Emotionally Disturbed and Hearing Impaired
No Previous	20(9.0)	43(19.3)	18(8.1)
1-5 years	82(36.8)	57(25.6)	107(48.6)
6-11 years	57(25.6)	24(10.8)	47(21.1)
12-20 years	42(18.8)	13(5.8)	23(10.3)
Missing	22(9.9)	86(38.6)	28(12.6)

*Responses in all three disability groups possible.

largest number of respondents (48.6%) had 1-5 years previous experience with emotionally disturbed and hearing-impaired students/clients. 36.8% had 1-5 years previous experience with hearing-impaired not emotionally disturbed.

The greatest amounts of experience was with hearing-impaired and emotionally disturbed, closely followed by hearing-impaired, not emotionally disturbed. The least amount of experience was with emotionally disturbed, not hearing-impaired.

Preservice and inservice training. Frequencies and percentage of personnel for the training completed pertaining to the three basic disability groups mentioned above is illustrated in Table 3.26. The major areas in which no training for any of the three disability groups was reported were vocational training, psychological evaluation, and audiological evaluation. This could be expected since a large percent of the respondents were teachers.

Considerable amounts of training for hearing impaired students/clients were, however, reported in audiological evaluation (40.0%), communication strategies/systems (38.1%), and curriculum content (37.7%) for hearing-impaired students/clients. Limited amounts of training were reported for emotionally disturbed students/clients, not hearing-impaired. The highest area was behavior management techniques (18.0%). Training for hearing-impaired and emotionally disturbed was also greatest in the area of behavior management techniques (45.3%).

The next highest areas drop to 27.8% for mental health services/needs; educational assessment (26.9%), and communication strategies/system (26.9%).

Number of students/clients served. The responding personnel reported a total of 7677 hearing-impaired students/clients, ages 3-21 years. Of these 7677, they reported 1819 to exhibit behaviors characteristic of emotional problems. The proportion of the population identified as having emotional problems was 24%. The remainder (76%) had no identifiable emotional problems.

Table 3.26

Preservice and/or Inservice Training*

(N=223)

Type of Training	Frequency (Percent of Personnel)				
	No Training	Hearing Impaired	Emotionally Disturbed	Hearing Impaired and Emotionally Disturbed	Checked Only, Disability Group Unknown
Behavior management techniques	35(15.7)	42(18.9)	40(18.0)	101(45.3)	5(2.26)
Curriculum content	73(32.7)	84(37.7)	14(6.3)	49(21.9)	3(1.3)
Vocational training	131(58.7)	39(17.5)	12(5.4)	37(16.6)	4(1.8)
Mental health needs/services	97(43.5)	30(13.4)	29(13.0)	62(27.8)	5(2.2)
Instructional techniques	74(33.2)	78(35.0)	15(6.7)	52(23.3)	4(1.8)
Psychological evaluation	116(52.0)	29(13.0)	20(9.0)	55(24.7)	3(1.3)
Educational assessment	70(31.4)	76(34.1)	14(6.3)	60(26.9)	3(1.3)
Audiological evaluation	112(50.2)	89(40.0)	0	20(9.0)	2(.09)
Communication strategies/systems	64(28.7)	85(38.1)	11(4.7)	60(26.9)	3(1.3)
Etiological cause and educational implications	78(35.0)	71(31.8)	15(6.7)	57(25.6)	2(.09)
Other	205(92.0	5(2.2)	5(2.2)	7(3.0)	1(.04)

*Multiple responses possible.

Table 3.27 provides the overall number served, as well as those with emotional problems and their proportion when compared to the total population.

Type of service provided. Since the majority of respondents were school district personnel, it was understandable to find the largest percent of service providers in the instructional (69.7%), educational diagnosis and assessment (49.1%), and psycholgical (40.8%) areas. The areas of fewer service providers were housing (5%), medical (8.3%), and audiological (13.3%). A summary of types of service provided is included in Table 3.28.

Type and degree of involvement. Table 3.29 presents the frequency and percent of personnel for the type and degree of involvement of personnel serving students/clients who exhibit behaviors characteristic of emotional problems. The largest percentage of personnel provided direct services on a daily basis (46.2%).

There was a large gap between this and the next two degrees of involvement. Consultation on a daily basis was 19.3%, and direct services on a weekly basis was 16.1%.

Behavior Characteristics Checklist

Response summary. A total of 239 checklists were analyzed. A summary of the respondents by type of program is provided in Table 3.30.

Sex and degree of hearing loss of students/clients described. Table 3.31 presents a summary of the students/clients described by sex and degree of hearing loss. Of those described, 59.8% were males and 33.5% females. The majority of them had severe (22.6%) or profound (56.9%) hearing losses, a total of 79.5%.

Ages of students/clients described. The ages of the students/clients were reported within four age ranges: (1) 3 to 5 years, (2) 6 to 11 years, (3) 12 to 17 years, and (4) 18 to 21 years. The majority of students/clients described were between the ages of 6

TABLE 3.27

Number and Percent of Students/Clients Served
By Type of Program and Proportion
of Students with Emotional Problems

(N = 223)

Type of Program	Total Hearing-Impaired Served		Hearing-Impaired with Some Emotional Problems		
	Number	Percent of Total Population	Number	Percent with Emotional Problems	Percent of Total Population
School District	5954	77.6	1201	66.0	15.6
Counseling Center	391	5.1	57	3.1	0.7
Community Mental Health	855	11.1	364	20.0	4.7
State Agency	38	0.5	28	1.5	0.4
State Hospital	439	5.7	169	9.3	2.2
TOTAL	7677	100.00	1819	99.9	23.6

TABLE 3.28

Type of Service Provided*

(N = 223)

TYPE OF SERVICE	FREQUENCY OF SELECTION	PERCENT OF PERSONNEL
Instructional	152	69.7
Psychological (Counseling/Therapy)	89	40.8
Audiological	29	13.3
Social (Services)	46	21.1
Educational Diagnosis and Assessment	107	49.1
Psychological Evaluation	58	26.6
Medical	18	8.3
Vocational	46	21.1
Housing	11	5.0
Other	30	13.7

*Multiple responses possible.

TABLE 3.29

Type and Degree of Involvement

(N=223)

Type and Degree of Involvement	Number of Selection	Percent
Consultation on a daily basis	43	19.3
Consultation on a weekly basis	19	8.5
Consultation on a monthly basis	3	1.3
Direct services on a daily basis	103	46.2
Direct services on a weekly basis	36	16.1
Direct services on a monthly basis	2	.9
Other	4	1.8
Missing	13	5.8

TABLE 3.30

Type of Program Settings of Respondents
(N = 239)*

SETTING	FREQUENCY	PERCENT
School District	164	68.6
Counseling Center	12	5.0
Community Mental Health	43	18.0
State Agency	8	3.3
State Hospital	12	5.0
TYPE		
Public	223	93.3
Private	16	6.7

* 239 rather than 223 is reported because some personnel returned checklists without questionnaires or completed more than one checklist.

TABLE 3.31

Sex and Degree of Hearing Loss of Students/Clients Described

STUDENTS/CLIENTS DESCRIBED

(N=239)

SEX	FREQUENCY	PERCENT
Female	80	33.5
Male	143	59.8
Missing	16	6.7
DEGREE OF HEARING LOSS		
Mild	10	4.2
Moderate	26	10.9
Severe	54	22.6
Profound	136	56.9
Missing	13	5.4

and 21 years (74%). The largest percent within one age range, 12 to 17 years, was 30.1%. The overall percentages for the various ages were consistent with school enrollment patterns. Table 3.32 outlines the age ranges, frequency, and percentage of students reported by the personnel who provided the descriptions.

Degree of emotional disturbance of students/clients described. Respondents were asked to provide their perception of the overall severity of the emotional disturbance demonstrated within a continuum from 1 to 20 that consisted of four degrees of emotional disturbance: (1-5) mild, (6-10) moderate, (11-15) severe, and (16-20) profound. Table 3.33 provides a summary of the degrees of emotional disturbance reported for the students/clients described. The majority of the students'/clients' behaviors were rated as moderate (43.5%) and severe (31.4%). These two degrees constitute 74.9% of the students/clients described.

Behavior descriptions by degree of severity. Sixty behaviors were provided in the Behavior Characteristic Checklist. The frequencies and percent of students/clients that demonstrated various degrees of the 60 behaviors that might be characteristic of emotional disturbance are presented in Table 3.34.

The ten most demonstrated behaviors, regardless of severity, are listed in Table 3.35. Behaviors related to "distortions in social relationships" has the highest frequency rates. 73% of the students/clients demonstrated the two behaviors listed for this category. Closely following the "distortions in social relationships" is a behavior under "distortions of self-image," rated for 71% of the students/clients.

The category with the most entries on this list is "problems in impulse control," with four behaviors included (40%). The next category, "distortions in social relationships," has three behaviors (30%). The remaining categories have single behaviors listed.

TABLE 3.32

Ages of Students/Clients Described

(N=239)

Ages	Frequency	Percent
3 to 5 years	47	19.7
6 to 11 years	49	20.5
12 to 17 years	72	30.1
18 to 21 years	56	23.4
Missing	15	6.3

TABLE 3.33

Degree of Emotional Disturbance of Students/Clients Described

(N=239)

Continuum Rating		Frequency	Percent
Mild	(1-5)	16	(6.7)
Moderate	(6-10)	104	(43.5)
Severe	(11-15)	75	(31.4)
Profound	(16-20)	31	(13.0)
Missing		13	(5.4)

TABLE 3.34

BEHAVIOR DESCRIPTIONS BY DEGREE OF SEVERITY*

Behaviors	Frequency (Percent of Students/Clients Described) Not Demonstrated N = 230	Moderate N = 230	Severe N = 201	Profound N = 141**
I. Distortions In Social Relationships				
1. Withdrawn	117(50.9)	74(32.2)	32(15.9)	16(11.3)
2. Little eye contact	114(49.6)	66(28.7)	47(23.4)	12(8.5)
3. Demands excessive attention	64(27.8)	75(32.6)	59(29.4)	41(29.1)
4. Shallow feeling for others, cruel	111(48.3)	71(30.9)	44(21.9)	13(9.2)
5. Excessive need to be in control	102(44.3)	69(30.0)	43(21.4)	25(17.7)
6. Extreme persistence in getting own way	64(27.8)	71(30.9)	62(30.8)	42(29.8)
II. Distortions In Learning Behaviors				
7. Excessive daydreaming	129(56.1)	52(22.6)	32(15.9)	26(18.4)
8. Rigid, excessively meticulous, exacting	140(60.9)	60(26.1)	20(10.0)	19(13.5)
9. Lacks a variety of responses, repeats	121(52.6)	47(20.4)	36(17.9)	35(24.8)
10. Upset by changes in routine	96(41.7)	64(27.8)	47(23.4)	32(22.7)
11. Indecisive, confused about rightness of responses	122(53.0)	65(28.3)	36(17.9)	16(11.3)
12. Extreme variation in quality of work	137(59.6)	50(21.7)	37(18.4)	15(10.6)
13. Hyperactive	144(62.6)	45(19.6)	29(14.4)	21(14.9)
III. Distortions of Self Image				
14. Anxious	88(38.3)	70(30.4)	57(28.4)	24(17.0)
15. Over-dependent	121(52.6)	54(23.5)	39(19.4)	25(17.7)
16. Behaves like a much younger child	69(30.0)	65(28.3)	57(28.4)	48(34.0)
17. Submissive	162(70.4)	46(20.0)	20(10.0)	11(7.8)
18. Lack of confidence, feels inferior	109(47.4)	58(25.2)	44(21.9)	28(19.9)
19. Brags, puts others down	157(68.3)	42(18.3)	27(13.4)	13(9.2)
20. Subject to scapegoating	142(61.7)	46(20.0)	30(14.9)	21(14.9)

* Multiple responses in each category possible.

** N represents the total number of cases for which each degree was recorded.

(continued)

TABLE 3.34 (continued)

BEHAVIOR DESCRIPTIONS

	Frequency (Percent of Students/Clients Described)			
	Not Demonstrated N = 230	Moderate N = 230	Severe N = 201	Profound N = 141
IV. Distortions In Mood				
21. Little variation in expression	136(59.1)	49(21.3)	34(16.9)	20(14.2)
22. Inappropriate affect	109(47.4)	53(23.0)	50(24.9)	27(19.1)
23. Screams without provocation	164(71.3)	44(19.1)	14(7.0)	17(12.1)
24. Fearful	150(65.2)	54(23.5)	19(9.5)	16(11.3)
25. Depressed, unhappy	114(49.6)	70(30.4)	41(20.4)	14(9.9)
26. Suspicious	147(63.9)	48(20.9)	25(12.4)	19(13.5)
27. Unable to enjoy humor; laughing does not provide emotional release	152(66.1)	49(21.3)	25(12.4)	13(9.2)
V. Problems In Impulse Control				
28. Temper tantrums	86(37.4)	69(30.0)	42(20.9)	42(29.8)
29. Unable to tolerate delay or frustration	72(31.3)	78(33.9)	53(26.4)	36(25.5)
30. Explosive	97(42.2)	45(19.6)	48(23.9)	49(34.8)
31. Defiant-refuses to follow rules	101(43.9)	60(26.1)	47(23.4)	31(22.0)
32. Hits, kicks, bites	133(57.9)	52(22.6)	28(13.9)	26(18.4)
VI. Conduct Disorders				
33. Theft	185(80.4)	44(19.1)	7(3.5)	3(2.1)
34. Excessive lying and cheating	164(71.3)	48(20.9)	19(9.5)	8(5.7)
35. Vandalism	205(89.1)	25(10.9)	6(3.0)	3(2.1)
36. Arson	219(95.2)	18(7.8)	2(1.0)	0
37. Substance abuse (drugs, alcohol)	208(90.4)	21(9.1)	6(3.0)	4(2.8)
38. Truancy	201(87.4)	21(9.1)	10(5.0)	7(5.0)
39. Runaway	198(86.1)	36(15.7)	3(1.5)	2(1.4)
40. Assaultive	164(71.3)	44(19.1)	13(6.5)	18(12.8)

(continued)

TABLE 3.34 (continued)

BEHAVIOR DESCRIPTIONS

		Frequency (Percent of Students/Clients Described)			
		Not Demonstrated N = 230	Moderate N = 230	Severe N = 201	Profound N = 141
VII.	Habits and Rituals				
41.	Head banging	209(90.9)	19(8.3)	8(4.0)	3(2.1)
42.	Hits self	197(85.7)	24(10.4)	8(4.0)	10(7.1)
43.	Rocking	186(80.9)	31(13.5)	12(6.0)	10(7.1)
44.	Gazes at lights	196(85.2)	25(10.9)	9(4.5)	9(6.4)
45.	Spins	211(91.7)	17(7.4)	8(4.0)	3(2.1)
46.	Excessive touching	186(80.9)	30(13.0)	11(5.5)	12(8.5)
47.	Excessive smelling	205(89.1)	18(7.8)	7(3.5)	9(6.4)
48.	Twirls objects in front of eyes	202(87.8)	20(8.7)	3(1.5)	14(9.9)
VIII.	Distortions In Body Image				
49.	Preoccupation with physical disability	190(82.6)	35(15.2)	11(5.5)	3(2.1)
50.	Frequently sick with no apparent cause	191(83.0)	35(15.2)	9(4.5)	4(2.8)
51.	Accident-prone	194(84.3)	35(15.2)	8(4.0)	2(1.4)
52.	Unnatural eating habits	194(84.3)	34(14.8)	5(2.5)	6(4.3)
53.	Unnatural elimination habits	209(90.9)	20(8.7)	4(2.0)	6(4.3)
54.	Purposely vomits or gags self	211(91.7)	26(11.3)	1(.5)	1(.7)
IX.	Sexual Behavior				
55.	Promiscuous	211(91.7)	21(9.1)	2(1.0)	5(3.5)
56.	Exhibitionist	213(92.6)	21(9.1)	3(1.5)	2(1.4)
57.	Excessive masturbation	206(89.6)	28(12.2)	2(1.0)	3(2.1)
58.	Unusual interest in sex	194(84.3)	29(12.6)	7(3.5)	9(6.4)
59.	Sexually assaultive	212(92.2)	17(7.4)	5(2.5)	5(3.5)
60.	Fear of opposite sex	213(92.6)	19(8.3)	3(1.5)	4(2.8)

TABLE 3.35

TEN MOST DEMONSTRATED BEHAVIORS*

(N = 239)

Rank Order	Behavior	Item Number	Frequency	Percent of Students/Clients
1	Distortions in Social Relationships: Demands excessive attention	(#3)	175**	73
1	Distortions in Social Relationships: Extreme persistence in getting own way	(#6)	175	73
2	Distortions of Self-Image: Behaves like a younger child	(#16)	170	71
3	Problems in Impulse Control: Unable to tolerate delay or frustration	(#29)	167	70
4	Problems in Impulse Control: Temper tantrums	(#28)	153	64
5	Distortions of Self-Image: Anxious	(#14)	151	63
6	Distortions in Learning Behaviors: Upset by changes in routine	(#10)	143	60
7	Problems in Impulse Control: Explosive	(#30)	142	59
8	Problems in Impulse Control: Defiant - refuses to follow rules	(#31)	138	58
9	Distortions in Social Relationships: Excessive need to be in control	(# 5)	137	57

*Multiple responses in each category possible.

**Note: 175 = 75 + 59 + 41. See Table 3.34, item 3.

TABLE 3.36

TEN LEAST DEMONSTRATED BEHAVIORS*
(N = 239)

Rank Order	Behavior	Item Number	Frequency	Percent of Students/ Clients
1	Conduct Disorders: Arson	(#36)	20**	8
2	Sexual Behavior: Fear opposite sex	(#60)	26	11
2	Sexual Behavior: Exhibitionist	(#56)	26	11
3	Sexual Behavior: Sexually Assaultive	(#59)	27	11.5
4	Sexual Behavior: Promiscuous	(#55)	28	12
4	Distortions in Body Image: Purposely Vomits	(#54)	28	12
4	Habits and Rituals: Spins	(#45)	28	12
5	Distortions in Body Image: Unnatural Elimination Habits	(#53)	30	13
5	Habits and Rituals: Head banging	(#41)	30	13
6	Conduct Disorders: Substance Abuse, Drugs, Alcohol	(#37)	31	13.5

*Multiple responses in each category possible.

**Note: 20 = 18 + 2 + 0. See Table 3.34, item 36.

CHAPTER IV

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Summary

This study consisted of an investigation of some of the major educational issues concerning emotionally disturbed hearing-impaired students in California. To do so, a statewide survey to ascertain their needs, assessment procedures, and current program effectiveness was conducted.

Two hundred and twenty-five (225) public and private agencies providing services to school age (3-21) hearing-impaired individuals were contacted to obtain general information on emotionally disturbed individuals in their service area. One hundred and sixteen (116) agencies responded. This included individual responses from 82 administrators and 246 direct services personnel.

Two questionnaires and one behavior checklist were developed to collect data to determine the:

1. definitions/criteria employed to identify and/or classify these individuals
2. commonly demonstrated behavior characteristics
3. size of the population
4. services and personnel available to this population
5. procedures used in the assessment process
6. instruments used to diagnose the condition

The questionnaires and checklists, designed to allow for specificity according to the role of the respondent, were:
(1) Survey Questionnaire for Administrators of Programs Serving Hearing-Impaired Individuals in California; (2) Survey Questionnaire for Personnel Serving Hearing-Impaired Individuals in California; and, (3) Behavior Characteristics Checklist.

Each program administrator was sent a packet of eight to twenty-nine Personnel Questionnaires and Behavior Characteristics Checklists, plus one Administrator Questionnaire and return envelopes.

The administrator was requested to complete and return the Administrator Questionnaire and to distribute the paired sets of the Personnel Questionnaires and Behavior Characteristics, along with return envelopes, to all personnel providing direct services to hearing-impaired individuals with emotional problems.

Frequency of responses and descriptive statistics were utilized to analyze the data. Frequency counts, percentages, sums, and means were reported for each discrete variable.

Analysis of the numerical data collected yielded: (1) a generally accepted definition for identifying emotionally disturbed hearing-impaired individuals; (2) common behavior characteristics demonstrated by students/clients (3-21 years) with emotional problems; (3) estimates of the number of emotionally-disturbed hearing-impaired individuals (3-21 years) in California and the proportion of hearing-impaired individuals (3-21 years) that fall under this classification; (4) the extent to which services to this population are provided within the program and/or through contracts with other agencies; (5) the most currently available services and most desirable service additions; (6) types, training and experience of personnel providing the services; (7) common elements in the assessment process; (8) the most frequently and least frequently used diagnostic instruments; and (9) primary communication methods/systems used by staff.

Conclusions

Definition of emotionally disturbed hearing-impaired students/clients. An overwhelming majority of the respondents (87.1%) found the definitions for hearing-impaired and emotional problems/emotional disturbance provided for use in responding to the questionnaires to be acceptable.

The definitions offered are provided below:

> Hearing-Impaired Individuals: Those individuals, ages 3-21, who have mild, moderate, severe, or profound hearing losses. The term "hearing-impaired" is intended to encompass the full range of hearing disability, including deafness.

> Emotional problems/emotional disturbance: "...a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance: (a) an inability to learn which cannot be explained by intellectual, sensory, or health factors; (b) an inability to build or maintain satisfactory interpersonal relationships with peers and teachers;
> (c) inappropriate types of behavior or feelings under normal circumstances; (d) a general pervasive mood of unhappiness or depression; or (e) a tendency to develop hysterical symptoms or fears associated with personal or school problems. The term includes children who are schizophrenic or autistic. The term does not include children who are socially maladjusted, unless it is determined that they are seriously emotionally disturbed." (Federal Register, Vol. 42, No. 163, August 23, 1977).

Although a single definition that specifically combines the two conditions (hearing impairment and emotional disturbance) was not provided, the two definitions provided seemed to be sufficient for appropriate identification of emotionally-disturbed hearing- impaired students/clients.

The extent to which these definitions were generally acceptable to the respondents is a major outcome of the study. A lack of consensus in defining this population had been reported as a major deterant to appropriate identification of these students/clients. Programs may desire to employ these definitions to formulate criteria for defining and identifying emotionally disturbed hearing-impaired students/clients.

Common behavior characteristics. Two hundred and thirty-nine (239) hearing-impaired students/clients (ages 3-21) who exhibited behaviors characteristic of emotional disturbance were described using the Behavior Characteristics Checklist, which consisted of sixty behaviors grouped within nine behavior categories.

The ten most frequently reported behaviors, without reference to severity, could be found within four major behavior categories: (1) Distortions in Social Relationships (DSR); (2) Distortions in Self-Image (DSI); (3) Problems in Impulse Control (PIC); and (4) Distortions in Learning Behaviors (DLB).

The ten most frequencly reported behaviors, listed from highest down, were: (1) demands excessive attention (DSR); (2) extreme persistence in getting own way (DSR); (3) behaves like a younger child (DSI); (4) unable to tolerate delay or frustration (PIC); (5) temper tantrums (PIC); (6) anxious (DSI); (7) upset by changes in routine (DLB); (8) explosive (PIC); (9) refuses to follow rules (PIC); and (10) excessive need tc be in control (DSR).

The ten least frequently reported behaviors were found in four major categories; (1) Conduct Disorders (CD); (2) Sexual Behavior (SBO); (3) Distortions in Body Image (DBI); and (4) Habits and Rituals (HR).

The ten least frequently reported behaviors, listed from lowest up, were: (1) arson (CD); (2) fear of opposite sex (SB); (3) exhibitionist (SB); (4) sexually assaultive (SB); (54) promiscuous (SB); (6) purposely vomits (DB); (7) spins (HR); (8) unnatural elimination habits (DB); (9) headbanging (HR); and (10) substance abuse, drugs, alcohol (CD).

The specific types of behaviors that have been observed by personnel providing direct services to hearing-impaired students/clients with emotional problems can be clearly identified. It appears that the behaviors that are more frequently demonstrated pertain primarily to two of the characteristics included in the federal definition for emotional disturbance, the definition provided for this study. Considerable problems including and maintaining satisfactory interpersonal relationships, and inappropriate types of behavior or feelings under normal circusmtances were commonly reported.

Knowledge of commonly demonstrated behaviors, as well as uncommon ones, provide programs with an opportunity to reassess or select criteria for identification based upon behaviors that have been demonstrated by a sizable population of hearing-impaired students/clients. The behavior criteria can also be useful in determining the appropriateness of current student/client placements.

Size of the Population. The number of emotionally disturbed students/clients reported through this study varied by type of respondent. Administrators reported significantly fewer students than the personnel who provided direct services; however, estimates can be determined by examining the range between the two.

Administrators report an overall hearing-impaired population of 5361 and the personnel reported serving 7677. Of these, the administrators identified 1116 (21%) that exhibited behaviors characteristic of

emotional problems. The personnel reported 1819 (24%) to exhibit behaviors characteristic of emotional problems.

The greater number reported by the personnel might be due to their close proximity to the hearing-impaired population and frequent opportunities to observe their behavior over a period of time. It is also possible that they included numbers of students that have yet to be "formally" identified by the agency as having emotional problems, and others who might not qualify under current eligibility criteria. Administrators tend to be more conservative, restricting their counts to those individuals that fall within the eligibility criteria and/or have been "formally" identified, or at least recognized by the district as being emotionally disturbed.

The estimated proportion of the population of emotionally disturbed hearing-impaired students/clients was reported to be between 21% and 24%, which is very high. Previous national estimates were between 8% (Jensema and Trybus, 1975) and 22.6% (Freeman, Malkin, and Hastings, 1975). The Office of Demographic Studies (1982) reported 6.1% nationally and 7.6% for California; however, the total number of questionnaires sent, in relationship to the number analyzed, was not reported.

Despite variation in numerical data and no doubt some duplicated counts, it is quite apparent that the population of hearing-impaired students with emotional problems is sufficiently large to warrant provision of specialized programs and services.

Service Sites. The extent to which services to emotionally disturbed hearing-impaired students were provided within the program and/or through contracts with other agencies was examined. It was overwhelmingly shown that the majority of programs provided their own services, rather than through contracts with other agencies.

Available services. Psychological testing was reported by 82.5% of the administrations to be readily available. Parent counseling, self-contained

total communication classrooms, and opportunities for mainstream education placement were commonly available.

The variant locations in which these services might be provided could not be determined. All services, especially counseling and/or therapy services should be available to a variety of settings: with the home, foster home, school, and mental health facility.

Consultative mental health services for teacher; group homes and respite care; and a curriculum designed for emotionally disturbed hearing-impaired students were among the most desired service additions.

Mental health consultation services are essential to the provision of the mental health needs of the students/clients. Curricula are needed to provide appropriate scope and content to address the needs of an individual with a dual disability: hearing-impairment and emotional disturbance.

Expanded placement options beyond the traditional ones, including group homes, respite care homes, day treatment centers, and residential treatment facilites, are needed. An individualized education program can only be realistically prescribed when expanded program/placement options are in existence.

At present, the needs of emotionally disturbed students/clients are being accommodated with available resources, not necessarily appropriate resources. The available resources are usually those designed for hearing-impaired or emotionally disturbed students/clients, but not for the combined existence of both conditions.

A broader spectrum of services and personnel, with the possibility for collaborative involvement by educational and mental health agencies, is needed to provide services that are appropriate for the specialized needs of emotionally disturbed hearing-impaired students/clients.

Types, training, and experience of personnel. The type of personnel available was reflective of the type of agency (i.e., school program community mental health agency, etc). Since school programs were the largest responding group, school-site personnel were among those reported to be more available. The largest percent of personnel provided services in instructional, educational diagnosis and assessment, and psychological areas.

A large number of the personnel reported having at least 1-5 years previous experience with emotionally disturbed hearing-impaired students/clients, and significant amounts of training in behavior management.

Specific training in the development of vocational skills, curriculm content, instructional techniques, and mental health needs, services for emotionally disturbed hearing-impaired students/clients was underrepresented. Development of these skills through staff development activities might greatly improve the quality of services provided to this population.

Assessment procedures. The typical diagnostic procedures utilized in determining whether hearing-impaired students/clients have emotional problems were explored. Diagnostic evaluations are usually requested by a teacher, parent, or psychologist. The students/clients are usually seen alone by a psychologist in school settings. The parent(s) or guardian(s) are also seen by the psychologist, who subsequently administers and interprets psychological tests.

Psychological, educational, and medical information, along with audiological reports, are collected and reviewed. The final identification and placement decisions are usually made by a team of individuals including parent(s) or guardian(s), psychologist, teacher, administrator, and speech therapist.

The typical components utilized in the assessment process are common for an educational model, and basically correspond to the requirements of Public Law 94-142. However, in the diagnosis of hearing-impaired students/clients with emotional disturbances, it is especially important to include mental health personnel such as child psychiatrists, psychologists, and social workers on the assessment team. The importance of a balance between educational and mental health professional is critical to the appropriate diagnosis of the condition.

Assessment instruments. The most frequently used assessment instruments in the psychological evaluation for hearing-impaired students/clients were identified. They included the WISC Performace, Bender Gestalt, Draw-A-Person, Leiter, and WISC Verbal. The majority can be administered with a minimum of verbal information, an important feature in the assessment of hearing-impaired individuals.

The least frequently used instruments were the Harris Drawing Test, Meadow-Kendall Social Emotional Assessment Inventory, Rorschach Test, Ravens Progressive Matrices, and Columbia Mental Maturity Scale. The Meadow-Kendall Inventory, the only one designed specifically for hearing-impaired individuals, is fairly new and its low frequency may be due to lack of awareness of its existence.

The adequacy of these instruments for assessing the needs of emotionally disturbed hearing-impaired students/clients was not explored in this study. An evaluation of their appropriateness for this population would be helpful.

Programs may find this information on commonly used and less frequently used assessment instruments helpful in the identification and/or selection of appropriate instruments.

Primary communication methods/systems. Total communication was the major mode of commucation reportedly used by staff in communicating with students/clients who have emotional problems. Signing Exact English and American Sign Language were close contenders for the major sign language system utilized. The majority of the staff communicated directly with the student/client, rather than through the use of an interpreter.

The patterns identified are not surprisng. They correspond to current trends. Programs desiring information on current communication trends used specifically with emotionally disturbed hearing-impaired students/clients may find knowledge of these methods systems to be helpful in the selection of communication methods systems.

Recommendations

A major funding of this study was the existence of a large population of hearing-impaired students/clients with emotional problems in California and that available resources and services specifically designed to meet their needs are extremely limited.

A number of program and policy changes that might improve the service delivery system to emotionally disturbed hearing-impaired students/clients were identified.

They were:

1. Significant increases in education and mental health personnel specifically trained to respond to their unique needs.

2. Development and/or expansion of services.

3. The possibility for collaborative involvement by educational and mental health agencies in the provisions of services.

4. Expanded placement options beyond the traditional ones, including group homes, respite care homes, day treatment centers, and residential facilities.

5. Development of curricula specifically designed to accommodate their educational needs.

6. Specialized training for personnel in the areas of vocational skills, curriculum content, instructional techniques, and mental health needs/services.

7. Greater representation of mental health professionals on the assessment team to improve appropriate diagnosis of the condition.

8. Completion of an evaluation of the appropriateness of currently utilized assessment instruments.

9. Reduced class size and/or caseloads to enable optimimum service delivery.

A commitment to provide appropriate services to unserved and underserved populations is a national priority. Emotionally disturbed hearing-impaired students/clients are among this population. Resources, financial and otherwise, should be appropriated by the legislature to respond to this critical need.

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APPENDIX A

SURVEY QUESTIONNAIRE FOR ADMINISTRATORS OF PROGRAMS SERVING HEARING-IMPAIRED INDIVIDUALS IN CALIFORNIA

0____

DO NOT WRITE IN THIS SPACE

ID ☐☐☐ 1/1

CS [1] 1/4

Setting ___ ☐ 1/5
Type ___ ☐ 1/6

Return questionnaire, by May 31 to:

Dr. Arthurlene Towner
Department of Special Education
San Francisco State University
1600 Holloway Avenue
San Francisco, CA 94132

SURVEY QUESTIONNAIRE
FOR
ADMINISTRATORS OF PROGRAMS SERVING
HEARING-IMPAIRED INDIVIDUALS IN CALIFORNIA

PURPOSE: The Department of Special Education at San Francisco State University has been commissioned by the State Office of Special Education to complete a survey of programs serving hearing-impaired students and clients in California. The primary objective of the survey is to identify the number of students/clients who exhibit behaviors that are characteristic of emotional disturbance. In addition, we are to identify: (1) common behavior characteristics and definitions used to identify them; (2) diagnostic instruments utilized; (3) procedures used in the assessment process; and (4) available services and personnel.

The limited resources and services available to hearing-impaired students/clients with emotional problems has been an issue of great concern to all of us. The information obtained through this survey should be extremely useful in determining the need to allocate funds for the development and/or expansion of services.

DEFINITIONS: The essential definitions for use in responding to this questionnaire are provided below:

Hearing-Impaired Individuals: Those individuals, ages 3-21, who have mild, moderate, severe, or profound hearing losses. The term "hearing-impaired" is intended to encompass the full range of hearing disability, including deafness.

Emotional problems/emotional disturbance: "...a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance: (A) an inability to learn which cannot be explained by intellectual, sensory, or health factors; (B) an inability to build or maintain satisfactory interpersonal relationships with peers and teachers; (C) inappropriate types of behavior or feelings under normal circumstances; (D) a general pervasive mood of unhappiness or depression; or (E) a tendency to develop physical symptoms or fears associated with personal or school problems. The term includes children who are schizophrenic or autistic. The term does not include children who are socially maladjusted, unless it is determined that they are seriously emotionally disturbed." (Federal Register, Vol. 42, No. 163, August 23, 1977)

INSTRUCTIONS: The following questionnaire should be completed by administrators of programs that provide direct services to hearing-impaired students/clients.

FILL IN OR CHECK ALL APPROPRIATE RESPONSES. When exact numbers are unknown, an approximate number can be substituted. Please note approximations with "APP." The completed questionnaires and checklists should be returned in the stamped self-addressed envelope by May 23.

All enclosed additional questionnaires and checklists are to be distributed to teachers, mental health professionals and other support personnel who provide direct services to hearing-impaired students/clients. If you need additional questionnaires and/or checklists, please contact us at (415) 469-1883 and we will forward them to you.

DO NOT WRITE IN THIS SPACE

1. DEFINITION OF EMOTIONALLY DISTURBED HEARING-IMPAIRED STUDENTS/CLIENTS: Please provide the DEFINITION and/or CRITERIA used by your agency/school to identify emotionally disturbed hearing-impaired students/clients, (if your definition is different from the one listed).

2. NUMBER OF STUDENTS/CLIENTS SERVED: Indicate the number of hearing-impaired students/clients served by the following age groups:

Ages	Overall Number Served	Number Exhibiting Emotional Problems
3-5	____	____
6-11	____	____
12-17	____	____
18-21	____	____

OVERALL NUMBER SERVED 1/7 1/10 1/13 1/16

NUMBER EXHIBITING EMOTIONAL PROBLEMS 1/19 1/22 1/25 1/28

3. SERVICE SITES: Indicate the percent of students/clients served with emotionaly problems:

Within the Program ____ %

Through Contracts with Other Agencies ____ %

WITHIN PROGRAM 1/31

THROUGH CONTRACTS 1/34

4. TYPE AND INVOLVEMENT OF PERSONNEL: For each type of service provided, check the degree of involvement of personnel who work directly with students/clients with emotional problems:

Type of personnel	TYPE OF SERVICE PROVIDED: Consultation Daily	Consultation Weekly	Consultation Monthly	Direct Services Daily	Direct Services Weekly	Direct Services Monthly
Special Education teachers						
Regular class teachers						
Speech therapists						
Audiologists						
Psychologists						
Counselors (pupil personnel)						
Counselors (marriage, family, child)						
Psychiatrists						
Social workers						
Occupational therapists						
Physical therapists						
Interpreters						
Other: _____						
_____						

1/37 1/38 1/39 1/40 1/41 1/42 1/43 1/44 1/45 1/46 1/47 1/48 1/49 1/50 1/51 1/52 1/53 1/54 1/55 1/56 1/57 1/58 1/59 1/60 1/61 1/62

DO NOT WRITE IN THIS SPACE

5. TYPES OF SERVICES: In the first column, check the services CURRENTLY available to your school/agency for hearing-impaired students/clients with emotional problems.

In the second column, check the services that would be DESIRABLE to add to improve the quality of services to hearing-impaired students/clients with emotional problems:

Currently Available	Desirable Additions		
_____	_____	a.	Part-time oral classroom for hearing-impaired; part-time resource teacher
_____	_____	b.	Part-time total communication classrooms, part-time resource teacher
_____	_____	c.	Self-contained oral classrooms
_____	_____	d.	Self-contained total-communication classrooms
_____	_____	e.	Self-contained classrooms specifically designed for emotionally disturbed students
_____	_____	f.	Self-contained classroom specifically designed for emotionally disturbed hearing-impaired students.
_____	_____	g.	Mainstreaming with hearing students
_____	_____	h.	Curriculum specifically designed for emotionally disturbed hearing-impaired students Name the curricula you currently use _____ _____
_____	_____	i.	Access to other educational professionals (i.e. specialists in the areas of mental retardation, learning disabilities, emotional disturbance, etc.)
_____	_____	j.	Vocational training
_____	_____	k.	Dance therapy
_____	_____	l.	Art therapy
_____	_____	m.	Recreation therapy
_____	_____	n.	Occupational therapy
_____	_____	o.	Consultative mental health services (for teachers)
_____	_____	p.	Behavior management therapy
_____	_____	q.	Crisis intervention
_____	_____	r.	Psychiatric evaluation
_____	_____	s.	Psychological testing
_____	_____	t.	Play therapy
_____	_____	u.	Individual psychotherapy
_____	_____	v.	Parent counseling
_____	_____	w.	Group counseling
_____	_____	x.	Conjoint family therapy
_____	_____	y.	Residential treatment (including school)
_____	_____	z.	Group homes/respite care
_____	_____		Other _____ _____

1/63 1/64 1/65 1/66 1/67 1/68 1/69 1/70 1/71 1/72 1/73 1/74 1/75 1/76 1/77 1/78

ID 211

CS 214

2/5

2/6 2/7 2/8 2/9 2/10 2/11 2/12 2/13 2/14 2/15 2/16 2/17 2/18 2/19 2/20 2/21 2/22 2/23 2/24 2/25 2/26 2/27 2/28 2/29 2/30 2/31 2/32 2/33 2/34 2/35 2/36 2/37 2/38 2/39 2/40 2/41

6. DIAGNOSTIC PROCESS: Check All that are applicable to the TYPICAL diagnostic procedures utilized in determining whether hearing-impaired students/clients have emotional problems:

DO NOT WRITE IN THIS SPACE

a. Diagnostic evaluation may be requested by:

___ Parent or Family Member
___ Teacher
___ Psychologist
___ Speech Therapist
___ Administrator
___ Counselor
___ Nurse
___ Audiologist
___ Psychiatrist
___ Physician
___ Neurologist
___ Probation Officer
___ Social Worker
___ Other: _____

2/42 2/43 2/44 2/45 2/46 2/47 2/48 2/49 2/50 2/51 2/52 2/53 2/54 2/55

b. Student/Client is seen by:

___ Psychologist
___ Psychiatrist
___ Clinical Social Worker
___ Counselor
___ Other: _____

2/56 2/57 2/58 2/59 2/60

c. Student/Client is seen:

___ In therapist's office
___ In playroom
___ With parent/guardian
___ Alone
___ In school setting
___ In hospital setting
___ At home
___ Other: _____

2/61 2/62 2/63 2/64 2/65 2/66 2/67 2/68

d. Parent(s) or Guardian(s) are seen by:

___ Psychologist
___ Psychiatrist
___ Clinical Social Worker
___ Counselor
___ Other: _____

2/69 2/70 2/71 2/72 2/73

e. Psychological tests are administered and interpreted by:

___ Psychologist
___ Psychiatrist
___ Clinical Social Worker
___ Counselor
___ Other: _____

2/74 2/75 2/76 2/77 2/78

f. Types of reports/information collected and/or reviewed are:

___ Educational
___ Medical
___ Psychological
___ Probation
___ Audiological
___ Other: _____

ID 3/1 3/4 3/5 3/6 3/7 3/8 3/9 3/10

DO NOT WRITE IN THIS SPACE

6. g. Final identification and placement decisions are made by:

___ Parent or Family Member
___ Teacher
___ Psychologist
___ Speech Therapist
___ Administrator
___ Counselor
___ Nurse
___ Audiologist
___ Psychiatrist
___ Physician
___ Neurologist
___ Probation Officer
___ Social Worker
___ Other: _____

3/11 3/12
3/13 3/14
3/15 3/16
3/17 3/18
3/19 3/20
3/21 3/22
3/23 3/24

7. ASSESSMENT INSTRUMENTS: Psychological evaluation of hearing-impaired students with emotional problems is completed using: (Check all that are applicable)

___ a. WISC Verbal
___ b. WISC Performance
___ c. Leiter
___ d. Bender Gestalt
___ e. Human Figure Drawing
___ f. Draw-a-Person
___ g. Goodenough
___ h. Harris Drawing Test
___ i. Hiskey Nebraska
___ j. Columbia Mental Maturity Scale
___ k. Illinois Test of Psycholinguistic Ability
___ l. Beery Test of Visual Motor Integration
___ m. Thematic Apperception Test
___ n. House-Tree-Person Test
___ o. Rorschach Test
___ p. Ravens Progressive Matrices
___ q. Meadows-Kendall Social-Emotional Assessment Inventory
___ r. Other: _____

3/25
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3/41
3/42

8. PRIMARY COMMUNICATION METHODS/SYSTEMS USED BY STAFF with hearing-impaired students/clients who have emotional problems: (Check all that are applicable)

a. Mode

___ Oral/Auditory Oral
___ Total Communication
___ Cued Speech
___ Writing
___ Other _____

b. Sign Language System

___ American Sign Language
___ Signed English/Pigeon Signed English
___ Signing Exact English
___ Fingerspelling
___ Other _____

3/43 3/44
3/45 3/46
3/47 3/48
3/49 3/50
3/51 3/52

c. Communicator

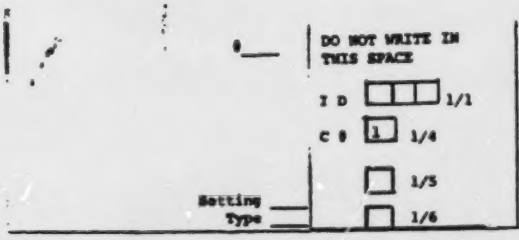
___ Staff person communicates for himself/herself
___ Certified staff interpreter(s)
___ Volunteer interpreter(s)
___ Family member interprets
___ Other _____

3/53
3/54
3/55
3/56

THANK YOU. YOUR ASSISTANCE IS GREATLY APPRECIATED.

APPENDIX B

SURVEY QUESTIONNAIRE FOR PERSONNEL SERVING HEARING-IMPAIRED INDIVIDUALS IN CALIFORNIA



Return questionnaire with checklist, by May 31 to:

Dr. Arthurlene Towner
Department of Special Education
San Francisco State University
1600 Holloway Avenue
San Francisco, CA 94132

SURVEY QUESTIONNAIRE
FOR
PERSONNEL SERVING
HEARING-IMPAIRED INDIVIDUALS IN CALIFORNIA

PURPOSE: The Department of Special Education at San Francisco State University has been commissioned by the State Office of Special Education to complete a survey of programs serving hearing-impaired students and clients in California. The primary objective of the survey is to identify the number of students/clients who exhibit behaviors that are characteristic of emotional disturbance. In addition, we are to identify: (1) common behavior characteristics and definitions used to identify them; (2) procedures used in the assessment process; (3) diagnostic instruments utilized; and (4) available services and personnel.
The limited resources and services available to hearing-impaired students/clients with emotional problems has been an issue of great concern to all of us. The information obtained through this survey should be extremely useful in determining the need to allocate funds for the development and/or expansion of services.

DEFINITIONS: The essential definitions for use in responding to this questionnaire are provided below:

Hearing-Impaired Individuals: Those individuals, ages 3-21, who have mild, moderate, severe, or profound hearing losses. The term "hearing-impaired" is intended to encompass the full range of hearing disability, including deafness.

Emotional problems/ motional disturbance: "...a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance: (A) an inability to learn which cannot be explained by intellectual, sensory, or health factors; (B) an inability to build or maintain satisfactory interpersonal relationship with peers and teachers; (C) inappropriate types of behavior or feelings under normal circumstances; (D) a general pervasive mood of unhappiness or depression; or (E) a tendency to develop physical symptoms or fears associated with personal or school problems. The term includes children who are socially maladjusted, unless it is determined that they are seriously emotionally disturbed." (Federal Register, Vol. 42, No. 163, August 23, 1977).

INSTRUCTIONS: The following questionnaire should be completed by teachers, mental health professionals, and other support personnel who provide direct services to hearing-impaired students/clients. If you provide services to any hearing-impaired student(s)/client(s) who demonstrate(s) behavior(s) included in this survey's definition for emotional problems/emotional disturbance, please complete this questionnaire and a Behavior Characteristic Checklist for one student/client whose behaviors might be characteristic of emotional problems/emotional disturbance. FILL IN OR CHECK ALL APPROPRIATE RESPONSES. When exact numbers are unknown, an approximate number can be substituted. Please note approximations with "APP."

If you are aware of other personnel who have not received this questionnaire and checklists, please contact your administrator or us to request additional copies. We can be reached at (415) 469-1883.

Staple the completed questionnaire and checklist(s) together and return them in the stamped self-addressed envelope by May 23.

DO NOT WRITE IN THIS SPACE

1. CURRENT POSITION OR TITLE: (Check one) ☐☐ 1/7

Self-contained special education classroom teacher	____	Audiologist	____
Homebound teacher	____	Psychologist	____
Itinerant teacher	____	Counselor (pupil personnel)	____
Resource teacher/ specialist	____	Counselor (MFCC)	____
Regular classroom teacher	____	Psychiatrist	____
Speech therapist	____	Social worker	____
House parent/ dorm counselor	____	Occupational therapist	____
		Physical therapist	____
		Other	____

2. DEGREES AND AREA(s) OF SPECIALIZATION: (Check and specify all completed) ☐ 1/9

	Area of specialization
____ Associate Degree	_____
____ Bachelor's Degree	_____
____ Master's Degree	_____
____ Doctorate Degree	_____
____ Other	_____

DO NOT WRITE IN THIS SPACE

3. CREDENTIALS/CERTIFICATES/LICENSES HELD: (List all held relevant to current position)

_____

_____

_____

_____

4. YEARS OF PROFESSIONAL EXPERIENCE WITH DISABLED STUDENTS/CLIENTS: Check your years of experience with the following types of students/clients under appropriate columns.

	No previous experience	1-5 yrs.	6-11 yrs.	12-20 yrs.	
a. with hearing-impaired students/clients, not emotionally disturbed					☐ 1/10
b. with emotionally disturbed students/clients, not hearing-impaired					☐ 1/11
c. with hearing-impaired emotionally-disturbed students/clients					☐ 1/12

5. PRESERVICE AND/OR INSERVICE TRAINING: Check the types of training you have completed pertaining to the disability groups listed. Check ALL that you have completed.

Type of Training	Hearing-impaired	Emotionally disturbed	Hearing impaired and emotionally disturbed	
___ Behavior management techniques				☐ 1/13
___ Curriculum content				☐ 1/14
___ Vocational training				☐ 1/15
___ Mental health needs/services				☐ 1/16
___ Instructional techniques				☐ 1/17
___ Psychological evaluation				☐ 1/18
___ Educational assessment				☐ 1/19
___ Audiological evaluation				☐ 1/20
___ Communication strategies/systems				☐ 1/21
___ Etiological cause and educational implications				☐ 1/22
___ Other _____				☐ 1/23

DO NOT WRITE IN THIS SPACE

6. NUMBER OF HEARING-IMPAIRED STUDENTS/CLIENTS YOU SERVE. ___ 1/24

7. NUMBER OF HEARING-IMPAIRED STUDENTS/CLIENTS YOU SERVE WHO EXHIBIT BEHAVIORS CHARACTERISTIC OF EMOTIONAL PROBLEMS. ___ 1/27

8. TYPE OF SERVICES YOU PROVIDE TO THE STUDENT(S)/CLIENT(S) WITH EMOTIONAL PROBLEMS. Check ALL that are applicable.

___ Instructional	___ Medical	1/28
___ Psychological (counseling/therapy)	___ Vocational	1/30
___ Audiological	___ Housing	1/32
___ Social (services)	___ Other _____	1/34
___ Education Diagnosis and Assessment	_____	1/36
___ Psychological Evaluation	_____	1/38

9. DEGREE OF YOUR INVOLVEMENT with students/clients who exhibit behaviors characteristic of emotional problems. Check the most appropriate response.

___ Available for consultation on a daily basis.	1/39
___ Available for consultation on a weekly basis.	1/40
___ Available for consultation on a monthly basis.	1/41
___ Provide direct services on a daily basis.	1/42
___ Provide direct services on a weekly basis.	1/43
___ Provide direct services on a monthly basis.	1/44

THANK YOU. YOUR ASSISTANCE IS GREATLY APPRECIATED.

APPENDIX C

BEHAVIOR CHARACTERISTICS CHECKLIST

0___

Setting___

Type___

DO NOT WRITE IN THIS SPACE

ID ☐☐☐ 1/1

C# ☐ 1/4

☐ 1/5

☐ 1/6

31

Return checklist with questionnaire, by May 23, to:

Dr. Arthurlene Towner
Department of Special Education
San Francisco State University
1600 Holloway Avenue
San Francisco, California 94132

BEHAVIOR CHARACTERISTICS CHECKLIST

INSTRUCTIONS: Complete this checklist for one student/client you serve (ages 3-21) who exhibits behaviors characteristic of emotional disturbance. Read reach statement carefully and decide if it describes behavior that you have observed. Check (✓) the one response that reflects your best judgment of the degree to which the student/client demonstrates all behaviors that you have observed. If the behavior has not been demonstrated, leave it blank.

DEFINITIONS:

Moderate: Disproportionate amount of staff time spent on behavior control.

Severe: Controlling the behavior is the primary concern of staff.

Profound: Needs to be removed from the situation for the safety of self and others.

	Moderate	Severe	Profound
Example: 1. Withdrawn		✓	
2. Little eye contact			*
3. Demands excessive attention			✓

*left blank since not demonstrated

STUDENT / CLIENT DATA

The following data is needed to determine whether checklists are completed for the same student/client by more than one service agency/school. Please provide the information requested. No individual is to be identified by name or characteristic that could lead to his/her identification by name.

Student/Client's INITIAL of First and Last Name:

(First) (Last)

Birthdate of Student/Client:

__/__/__

Sex:

Female/Male
(Circle)

Degree of hearing loss:

Mild ___

Moderate ___

Severe ___

Profound ___

DO NOT WRITE IN THIS SPACE

FI ☐ 1/7

LI ☐ 1/8

YY ☐☐ 1/9

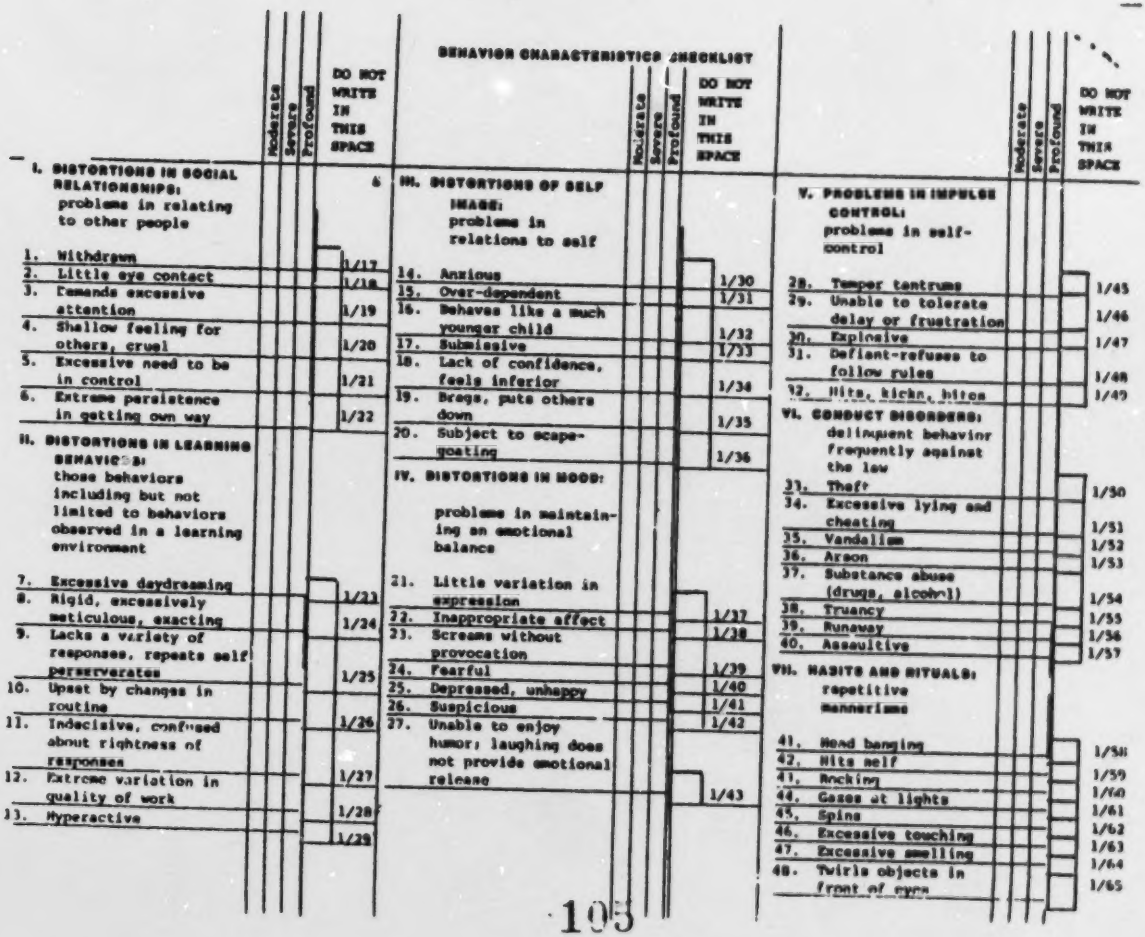
MM ☐☐ 1/11

DD ☐☐ 1/13

☐ 1/16

☐

06


BEHAVIOR CHARACTERISTICS CHECKLIST
Moderate
Severe
Profound
DO NOT WRITE IN THIS SPACE
I. DISTORTIONS IN SOCIAL RELATIONSHIPS: problems in relating to other people
1. Withdrawn 1/17
2. Little eye contact 1/18
3. Demands excessive attention 1/19
4. Shallow feeling for others, cruel 1/20
5. Excessive need to be in control 1/21
6. Extreme persistence in getting own way 1/22
II. DISTORTIONS IN LEARNING BEHAVIORS: those behaviors including but not limited to behaviors observed in a learning environment
7. Excessive daydreaming 1/23
8. Rigid, excessively meticulous, exacting 1/24
9. Lacks a variety of responses, repeats self perserverates 1/25
10. Upset by changes in routine 1/26
11. Indecisive, confused about rightness of responses 1/27
12. Extreme variation in quality of work 1/28
13. Hyperactive 1/29
III. DISTORTIONS OF SELF IMAGE: problems in relations to self
14. Anxious 1/30
15. Over-dependent 1/31
16. Behaves like a much younger child 1/32
17. Submissive 1/33
18. Lack of confidence, feels inferior 1/34
19. Brags, puts others down 1/35
20. Subject to scapegoating 1/36
IV. DISTORTIONS IN MOOD: problems in maintaining an emotional balance
21. Little variation in expression 1/37
22. Inappropriate affect 1/38
23. Screams without provocation 1/39
24. Fearful 1/40
25. Depressed, unhappy 1/41
26. Suspicious 1/42
27. Unable to enjoy humor; laughing does not provide emotional release 1/43
V. PROBLEMS IN IMPULSE CONTROL: problems in self-control
28. Temper tantrums 1/45
29. Unable to tolerate delay or frustration 1/46
30. Explosive 1/47
31. Defiant-refuses to follow rules 1/48
32. Hits, kicks, bites 1/49
VI. CONDUCT DISORDERS: delinquent behavior frequently against the law
33. Theft 1/50
34. Excessive lying and cheating 1/51
35. Vandalism 1/52
36. Arson 1/53
37. Substance abuse (drugs, alcohol) 1/54
38. Truancy 1/55
39. Runaway 1/56
40. Assaultive 1/57
VII. HABITS AND RITUALS: repetitive mannerisms
41. Head banging 1/58
42. Hits self 1/59
43. Rocking 1/60
44. Gazes at lights 1/61
45. Spins 1/62
46. Excessive touching 1/63
47. Excessive smelling 1/64
48. Twirls objects in front of eyes 1/65

	Moderate	Severe	Profound	DO NOT WRITE IN THIS SPACE
VIII. DISTORTIONS IN BODY IMAGE: problems in managing physical self				
49. Preoccupation with physical disability				1/66
50. Frequently sick with no apparent cause				1/67
51. Accident-prone				1/68
52. Unnatural eating habits				1/69
53. Unnatural elimination habits				1/70
54. Purposely vomits or gags self				1/71
IX. SEXUAL BEHAVIOR: problems with appropriate sexual behavior				
55. Promiscuous				1/72
56. Exhibitionist				1/73
57. Excessive masturbation				1/74
58. Unusual interest in sex				1/75
59. Sexually assaultive				1/76
60. Fear of opposite sex				1/77

	Moderate	Severe	Profound	DO NOT WRITE IN THIS SPACE
X. OTHER: Add any other disturbed behavior(s) not listed.				
_____				2/5
_____				2/6
_____				2/7
_____				2/8
_____				2/9
_____				2/10
_____				2/11
_____				2/12

XI. Where on this continuum would you rate this student's/client's behavior? Rate on scale of 1 to 20.

0 5 10 15 20

Normal | Moderately Disturbed | Severely Disturbed | Profoundly Disturbed

2/13

DO NOT WRITE IN THIS SPACE

ID [ ] [ ] [ ] 2/1

CS [2] 2/4

APPENDIX D

SITE VISIT REPORTS

CALIFORNIA SCHOOL FOR THE DEAF IN RIVERSIDE

SITE VISIT

Our site visit to the California School for the Deaf in Riverside (CSDR) was for the purpose of obtaining first-hand information from the staff about the pupils they serve, and about the services they are currently providing. We were also interested in obtaining a "wish list" from the staff members to get some idea of the changes they would like to see in the general educational system in order to provide better quality services to emotionally disturbed deaf students.

Our visit included conversations with the two Special Unit principals and also the program psychologist. We were also able to visit many classrooms in the Special Unit, and talk with classroom teachers.

We learned that the Special Unit has one hundred fifteen students. Fifteen of those are known to be emotionally disturbed. The program has one psychologist who provides support and consultation to the staff, as well as provides direct services to some of the students. We found that services available to students in need of emergency psychiatric hospitalization, as well as out-patient care, are limited to already existing facilities in the community, staffed by those usually not trained in deafness. Community in-patient psychiatric services are not available to the deaf at this time. The physical set-up of the classroom seems good and well-organized. Each classroom has two teachers. The students are generally divided by disability groups with care given to keep age groups closely aligned.

The following is the "wish list" we received from the aforementioned staff members. We asked staff members to dream, not worry about cost, and tell us things they think these students need.

1. smaller class size

2. more staff

3. in-services specifically geared to emotional problems

4. art therapy

5. dance therapy

6. parent education--especially for bilingual parents

7. more training to feel more comfortable with emotional problems

8. money for classroom rewards-behavior modification rewards

9. direct psychological services, especially for low functioning students

10. real life skill development program--giving more responsibility to students

11. residential treatment center specifically designed for deaf emotionally disturbed students (like Devereau)

12. teachers need formal training in mental health areas...teachers are too narrowly limited to deaf education.

In lieu of number 12, it was interesting to observe that generally the teachers' "wish list" was limited to classroom needs, rather than a more comprehensive look at specific direct intervention strategies that would best help the emotional needs of the students.

Two definitions of emotionally disturbed deaf students were also offered by staff members at CSDR. One definition involved the idea that regardless of diagnosis, it matters most how the student functions in the regular or special unit that determines his emotional disturbancve. The second definition involved the child who is withdrawn and not able to establish relationships with other people.

We greatly enjoyed our visit to CSDR and wish to thank the staff for being so cooperative with us and

aiding in shedding more light on the problems of educating emotionally disturbed deaf students.

CHILDREN'S SERVICE - NAPA STATE HOSPITAL

SITE VISIT

An average case load of 12-20 deaf children are in-patients in the Deaf Program of the Children's Services at Napa State Hospital. Children are referred to the program by their local community mental health agency. Parents can sign the child in if the child is under 14 and not under the jurisdiction of the juvenile court. If the child is over 14, parents can sign their child in only if, with the advice of legal counsel, the child waives his/her right to object to the parent so doing.

The deaf children are housed in wards that also include hearing children. Although all deaf children are grouped together (girls on one unit, boys on another) they are not segregated from hearing children.

Treatment modalities include individual and group therapy with psychiatric social workers and other mental health professionals knowledgeable in deafness under psychiatric supervision. A psychologist is available for consultation and psychological evaluation. Psychiatric technicians with experience working with deaf children offer recreation, medical and occupational therapy on a regular basis.

On the same grounds is a school that provides self-contained classrooms for deaf children. These classes offer subject matter classes, computer training, shop, P.E., art, speech therapy and audiolological consultation. Class sizes are kept small.

Judy Potter, administrator of the deaf program, is an LCSW with excellent sign skills and considerable experience with emotionally disturbed deaf children. When asked about her "wish list" she said that she would like to see:

1. The establishment of intermediate care facilities - something between the Special Unit at the California School for the Deaf and the in-patient

facilities at the Napa Children's Service. She supported the idea of establishing a deaf unit at already existing residential treatment centers and hiring appropriate staff to work with the deaf children. This, she felt, would be the most cost effective approach to a critical need. She emphasized that the children sometimes need a residential program that will separate the children from the family and provide the structure the child needs. She would like to see transitional group homes - halfway to and halfway from the hospital. These group homes should be close to the California School for the Deaf and/or a good day school.

2. Mrs. Potter would like to see a positon established at Napa State Hospital that would provide training in deafness, sign language and deaf culture for staff members already trained in mental health.

3. A satellite program established with UCSF Center on Deafness on the hospital site. She feels that the program has good liaison with UCSF Center on Deafness as well as California School for the Deaf, Fremont. She would like to see more follow-up after the paient has been discharged.

4. She would like to see improvement in out-patient services for deaf children at the county level. Staff should be trained to provide these services at the county level, with coordination between the Department of Mental Health, Education and Social Services.

UNIVERSITY OF CALIFORNIA SAN FRANCISCO CENTER ON DEAFNESS

J. William Evans, M.D., Clinical Director, and Margot Maarleveld, M.P.A., Administrator of UC-San Francisco Center on Deafness were interviewed on July 12 and August 1, 1983.

The University of California Center on Deafness (UCCD), a part of UCSF's Langley Porter Psychiatric Institute, offers research and training in mental health and deafness as well as psychiatric services for deaf persons and their families. UCCD has recently been awarded a 5-year, $2 million grant from the National Institute of Handicapped Research in support of the research and training programs. The clinical program is under separate contract with the City and County of San Francisco, but referrals are not limited to the San Francisco area; clients come from other counties in California as well as other states. Fees for services are on a sliding scale basis as established by the State of California. Third party insurance and Media-Cal payments are accepted.

The clinical staff of 3 psychologists (1 1/2 full time person), 5 clinical social workers (3.2 full time persons), 1 psychiatrist (1/2 time), 2 interpreters (1 1/4 time), 1 secretary and 5 administrative assistants, and 1 half time administrator offers a full range of mental health and patient services to deaf adults, deaf children and their families, plus consultation, collaboration and training to students, professionals, and agencies serving the deaf community. As of July 15, 1983, there were 100 open cases, about 50/509 children and adults. During the last year 63 full test batteries have been completed and 500 units of consutlation to education were carried out. There are 3 current satellites; at California School for the Deaf, Fremont (one day a week); in Alaemda County (1 day a week); in Marin County (2 days a weke). A satellite opens in Contra Costa County in September.

The research and training component is focusing on three CORE areas:

1. Developmental studies and educational intervention.
2. Mental Health Studies and clinical intervention.
3. Interpreter studies and interpreter training.

Current plans include a series of training modules for representatives of rehabitation, education, interpreting and mental health facilities as well as members of the deaf community, to help meet the mental health needs of deaf persons. Workshops will be offered once a month for ten months. The first workshop will be held at the San Juan Unified School District at Carmichael, beginning on September 30. Others will follow.

The objectives of these workshops are:

a. To provide information and support to professionals already in place in the field who are working with deaf persons or who have the desire and the possibility of working with deaf persons.

b. To facilitate information exchange -- as well as the exchange of feelings -- among professionals in the community who are working with deaf persons.

c. The creation of networks of professionals in several sites in California to facilitate the provisions of more effective services to deaf persons.

d. To provide training which will not only be utilized by the professionals so trained, but which also as utilized by these professionals to interest and train other professionals in the potential problems encountered by deaf persons and to facilitate their working with deaf individuals.

e. To utilize this program as a model for others areas in the country.

High on Dr. Evans' and Ms. Maarleveld's "wish-list" is more attention to physical and sexual abuse and neglect in deaf families. To this end, they have submitted a proposal to the Calfornia State Department of Social Services to establish a crisis intervention and family therapy program for identified and referred cases. In addition, the proposal would establish working relationships with agencies in child abuse, and agencies primarily serving the deaf.

Dr. Evans and Ms. Maarleveld saw as the first priority the need to establish in-patient hospital and residential programs designed specifically for emotionally disturbed deaf children. The program should be flexibile enough to provide both in-house educational programs as well as in-community educational programs. The geographic location of such a facility(s) would depend on current educational programs, mental health facilites and potential for growth of each. Consideration might be given to developing a deaf unit (or units) in already existing in-hospital and residential treatment centers. In-patient crisis care is a critical need.

Other needed services are:

1. Group homes providing a family atmosphere staffed by people who are trained to deal with the deaf child's needs, including independent living skills. Appropriate professional consultation would be a requirement of such a program, i.e., mental heatlh consultation, etc.

2. Day treatment programs within the residential programs.

3. Developmental programs for deaf infants that include parent counseling.

4. Programs directed toward counseling in areas of substance abuse: alcohol and drugs.

5. Liaison people to help with the transition from state hospital to community placements, and vice versa.

6. A halfway house to help with the transition from home to out-of-home placements, including state hospital placements, juvenile hall, foster homes, etc. UCCD could help coordinate and provide technical training.